Building Trauma-Informed Clinical Teams

A Train-the-Trainer Session at the AAP-CA2 Symposium

Presented By:

Christine Thang, MD, FAAP
Samantha Kucaj, PsyD
Flor Arellano, MPH
Moira Szilagyi, MD, PhD, FAAP

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National Center for Relational Health & Trauma-Informed Care

PATTeRx
Pediatric Approach to Trauma, Treatment and Resilience

Building Trauma-Informed Clinical Teams
A Train-the-Trainer Session at the AAP CA-2 Symposium
May 30, 2025

Speaker Information

- Christine Thang, MD, FAAP (cthang@mednet.ucla.edu)
- Samantha Kucaj, PsyD (skucaj@mednet.ucla.edu)
- Flor Arellano, MPH (fgarellano@mednet.ucla.edu)
- Moira Szilagyi, MD, PhD, FAAP (mszilagyi@mednet.ucla.edu)

Train-the-Trainer Overview

This Train-the-Trainer session will introduce participants to the Pediatric Approach to Trauma, Treatment, and Resilience (PATTeR) Training for the Clinical Team. This interactive training will cover core trauma-informed care (TIC) principles, facilitation strategies, and practical tools to train staff effectively. The program emphasizes building trauma-informed clinical teams, supporting team well-being, and fostering relational health. Participants will gain the confidence to lead the PATTeR training, adapt content to their setting, and champion TIC practices within their organizations.

Train-the-Trainer Goals

- Equip participants with the knowledge and skills to deliver the PATTeR Training for the Clinical Team at their respective clinical settings.
- Strengthen participants' ability to facilitate discussions, model TIC, and support team well-being.
- Foster a network of TIC champions who can sustain and expand trauma-informed practices within their organizations.

Train-the-Trainer Objectives

By the end of this train-the-trainer session, participants will be able to:

- Explain the foundational principles of TIC and relational health in clinical settings.
- Facilitate engaging and effective PATTeR training sessions for their clinical teams.
- Develop an action plan to implement and sustain TIC practices within their organizations.

Accreditation and Designation Statements and Disclosure Report

This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of PeerPoint Medical Education Institute and the American Academy of Pediatrics CA2. PeerPoint Medical Education Institute is accredited by the ACCME to provide continuing medical education for physicians. PeerPoint Medical Education Institute designates the live format for this educational activity for a maximum of 2.00 AMA PRA Category 1 Credits. Physicians should only claim credit commensurate with the extent of their participation in the activity. Successful completion of this CME activity, which includes participation in the evaluation component, enables the learner to earn up to 2.00 MOC points in the American Board of Pediatrics' (ABP) Maintenance of Certification (MOC) program. It is the CME activity provider's responsibility to submit learner completion information to ACCME for the purpose of granting ABP MOC credit. The live approval period is: May 30, 2025.

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PATTeRx Pediatric Approach to Trauma, Treatment and Resilience

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Train-the-Trainer Agenda

1:00 - 1:20 PM | Welcome & Introductions

- Overview of the PATTeR Training for the Clinical Team
- Overview of training toolkit and role of trainers in building trauma-informed teams

1:20 - 2:00 PM | Session 1: Foundations of Trauma-Informed (Relational) Care

Speaker: Christine Thang, MD

- Core TIC concepts: stress response, trauma impact, relational health
- Small Group Activity: Discovery Shopping

2:00 - 2:40 PM | Session 2: Promoting Resilience and Relational Health Skills

Speaker: Moira Szilagyi, MD, PhD

- Strategies for building resilience in patients, families, and staff
- Small Group Activity: Practicing Resilience Promoters

2:40 – 3:00 PM | Refreshments Break

3:00 - 3:40 PM | Session 3: Navigating Healthcare Stressors & Supporting Teams

Speaker: Samantha Kucaj, PsyD.

- Addressing healthcare stressors and supporting teams
- Small Group Activity: Action planning for bringing PATTeR training back to your clinical setting

3:40 - 4:00 PM | Q&A and Closing Discussion

- Next steps for training implementation

PATTeRx

Pediatric Approach to Trauma, Treatment and Resilience

FACILITATOR GUIDE

FOR CLINIC STAFF TRAINING

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Contents

Introduction

The purpose of this facilitator guide is to provide a comprehensive overview to help facilitators effectively deliver the Pediatric Approach to Trauma, Treatment, and Resilience (PATTeR) Training for Clinic Staff. This guide includes detailed instructions, teaching materials, and strategies to create an engaging and supportive learning environment for clinic staff. Separate trainings are available for leadership, pediatricians, and pediatric trainees through the PATTeR education program.

Training Overview

The Pediatric Approach to Trauma, Treatment, and Resilience (PATTeR) Training for Clinic Staff aims to build a trauma-informed workforce in pediatrics. PATTeR encompasses practical strategies from evidence-based mental health treatment and parenting and resilience literatures to pediatric care and workflow. The training equips learners with clinical skills in identifying, evaluating, and responding to trauma, as well as providing intervention and support resources to foster secure attachment and resilience. This comprehensive training program aims to develop the competence necessary to implement trauma-informed care (TIC) in practice for all members of the clinical team. The PATTeR training was developed to be consistent with American Academy of Pediatrics (AAP) Policy Statements, Clinical Reports, Clinical Practice Guidelines, and Technical Reports.

Important Consideration

The PATTeR training discusses adversity and trauma, stress responses systems, and trauma-informed care. The course aims to provide insight into the challenges faced by pediatricians when addressing trauma-related issues in clinical practice. These topics may elicit various emotions or concerns among learners. The aim is for a psychologically and physically safe training space. Learners are encouraged to reach out to their training facilitators if any apprehensions arise.

Targeted Learners

The PATTeR Training for Clinic Staff is designed for all personnel who may interact with patients and families, including front desk staff, nurses, medical assistants, billing personnel, and security. Clinic sites may consider training their entire workforce, even those who do not interact directly with patients and families; this is an important consideration for the team-based nature of TIC.

Training Goals

- To develop a working understanding of trauma and its effects and the importance of using TIC responses with colleagues, families, and patients.
- To equip learners with practical trauma-informed care skills in pediatric healthcare settings to promote safety, trust, and engagement.

Training Objectives

- To understand how trauma and stress affect patients and families, and how these factors influence our ability to provide effective care.

- To identify and implement strategies that promote resilience and foster relational health in clinical settings.
- To recognize and address healthcare-related stressors and to cultivate trauma-informed healthcare teams.

Pre-Training Considerations

- How will you deliver this training? (see suggested training structure below)
- What is your setting for the training?
- How much time do you need for set-up and take-down?
- What/Who do you need for technical support for PowerPoint, videos, audio, etc.?
- Who will assist you with teaching, facilitating discussion, and/or supporting learners who may experience stress activation during training?
- How will you allocate time for preparation, discussions, Q+A sessions, and homework review?
- Have you assessed practice readiness for TIC? Have you identified a practice team to participate in the training? This training is intended for personnel interacting with patients and families (i.e., nursing, medical technicians, front desk, security, office staff, office manager, etc.). Separate trainings are available for healthcare providers (i.e., physicians, nurse practitioners, social workers, mental health professionals) and healthcare leaders/supervisors. Ideally, learners should take the course as a team and meet between sessions to discuss and reinforce training activities and concepts.

Facilitator Responsibilities

- Review the course overview, teaching materials, and learning objectives to familiarize oneself with the goals and structure of the PATTeR staff training. (An example of curriculum delivery is viewable through the American Academy of Pediatrics Trauma-Informed Care Resources page found in the list of additional resources at the end of this guide).
- Review the video vignettes that demonstrate specific skills (such as welcoming and engaging families, offering simple choices).
- Ensure all teaching materials are downloaded and accessible to participants prior to the start of each session.
- Review speaking notes and discussion prompts for synchronous (live) sessions in preparation for delivering content and facilitating discussions.
- Encourage participation and create a safe learning environment where learners feel comfortable sharing their thoughts and experiences.
- Allocate time for discussions during synchronous sessions to promote active engagement and reinforce key concepts.
- Provide feedback to participants when they are describing how they use their skills effectively.
- Provide feedback on strengths and improvements when noted.
- Address any questions or concerns raised by learners.

Training Structure

This course is designed to be delivered to healthcare teams since TIC is a collaborative effort. The course is designed as a multi- session series that can be delivered in one sitting or over several sessions.

- Begin each session by providing an overview of the topics to be covered and the learning objectives for the session.
- Utilize the teaching materials, including slide decks, videos, and infographics, to guide the delivery of content and activities.
- Facilitate follow-up discussions and homework review to reflect on the learning experience and reinforce key takeaways.
- Conclude each session by summarizing key points, opening the floor to questions and discussion, and providing guidance on next steps for further learning or practice.
- Consider the following modes of delivery:
    - **Synchronous Delivery –** The curriculum is structured for synchronous delivery over three sessions. Each session consists of 30 minutes of education followed by brief vignettes and discussions. Homework assignments are given to teams to complete between sessions. There are three synchronous delivery modes:
        - In-person: All team members are physically present.
        - Hybrid: A mix of in-person and virtual participants.
        - Virtual: All participants join remotely.
    - **Asynchronous Delivery –** If delivered asynchronously, the course would include viewing online individual sessions followed by later discussion and reflection as a team.

Training Materials

PATTeR for Staff Training Slide Deck

Format: Synchronous Didactic Lectures
Estimated Duration: 30 mins didactics + 30 mins discussion per session
Description: The training slides include speaking notes to guide facilitators in delivering the content effectively. These speaking notes include discussion questions aimed at encouraging learner interaction and fostering discussion. The course is designed as a multi-session series that can be delivered in one sitting or over several sessions. The training slide deck is divided into three sections for ease of access. If delivered in one sitting, repeated slides at the start of each session can be "hidden." Sessions 1 & 2 end with a suggested homework assignment that can reviewed at the start of the subsequent session. If delivered in one sitting, the facilitator can consider integrating the homework assignments as teamwork activities between sessions.

Session	Learning Objectives	Content
Session 1: Foundations of Trauma-Informed (Relational) Care	• Define trauma. • Describe ACEs (adverse childhood experiences).	• What do we mean by trauma? • What are ACEs (Adverse Childhood Experiences)?

	• Describe toxic stress and how it becomes biologically embedded and affects the brain and body. • Describe how to buffer the toxic stress response.	• What is toxic stress and how does it become biologically embedded and affect the brain and body? • What buffers toxic stress? • Homework: Discovery Shopping
Session 2: Promoting Resilience and Relational Health Skills in Practice	• Define trauma-informed care. • Define resilience and how an individual becomes resilient. • Describe the intersection of culture, trauma, and resilience. • Describe how to apply TIC skills with patients and families.	• Homework discussion • Last session recap • What is trauma-informed care? • What is resilience and how does someone become resilient? • What is the intersection of culture, trauma, and resilience? • How do we apply TIC skills with families and patients? • Homework: Resilience in Action
Session 3: Navigating Healthcare Stressors and Building Trauma-Informed Teams	• Describe the types of stressors or threats at work. • Define burnout, moral injury, and secondary traumatic stress. • Describe how to use the affiliate response in the face of stressors/threats at work. • Describe the importance of trauma-informed clinical teams.	• Homework discussion • Last session recap • What are the types of stressors or threats at work? • How can we use the affiliate response at work? • What is the importance of organizational and systems level change for TIC? • What are team-building strategies for trauma-informed teams? • Closing

PATTeR Infographics for Pediatric Providers and Staff

Description: The infographics offer a visualization of practical strategies pediatric care providers and clinic teams can implement during clinic visits to foster a trauma-informed environment.

Topic	Content
Course of a Pediatric Trauma-Informed Care Visit WITH Families (For Pediatricians)	This infographic is designed to help pediatric providers visualize the flow of a trauma-informed care visit with patients/families. This infographic utilizes the mnemonic "WITH" (Wonder, Investigate, Treat, Hope) that maps onto the mnemonic "SOAP" (Subjective, Objective, Assessment, Plan), familiar to physicians in clinical practice. The role of the pediatrician is to serve as a reliable resource of care for patients/families, to identify and reduce family stressors, to nurture the caregiver-child relationship and build caregiver and child skills -- the WITH framework provides the structure for this work.
Overview of a Trauma-Informed Pediatric Visit (Staff Version)	This infographic provides a visual overview of a trauma-informed care clinic visit. A trauma-informed care clinic visit starts at entry to the clinic and checking in as a patient, and continues to the waiting area, interactions with nurses and physicians, and exiting the clinic. At each step, there are practical strategies pediatric healthcare workers can use to foster a trauma and resilience informed approach to care.
Trauma-Informed Care Resource Infographics for Clinic Staff	The additional resources are intended to help healthcare teams to visualize the steps to implement trauma-informed care across different clinical scenarios including routine visits, phone visits, and challenging interactions. Handouts also cover de-escalation strategies, safety protocols, and non-verbal communication strategies.

PATTeR for Staff Short Videos

Description: The short videos serve as essential companions to the training sessions by providing concise and focused content that enhances understanding and retention of key concepts.

Topic	Content
What is Trauma-Informed Care (TIC)? Duration: 1min25s	This video introduces trauma and trauma-informed care, explaining the three E's of trauma, the impact of trauma on families,

	and the core principles and importance of recognizing and responding to the effects of trauma in healthcare settings.
Why is TIC important? Duration: 2min3s	This video emphasizes the importance of trauma-informed care, highlighting the effects of childhood trauma, building trusting relationships, and promoting resilience and healing.
Safety Duration: 1min17s	This video defines the concept of safety within trauma-informed care, focusing on the benefits of safe healthcare environments, the impact on staff and providers, and creation of a secure and supportive environment for both patients and staff.
Engagement Duration: 1min37s	This video explores the role of engagement in trauma-informed care, detailing how the affiliate response is crucial for care. It highlights relational care and empathy, building trust and safety, and supporting emotional well-being.

Instructions for Each Training Session

Session 1: Foundations of Trauma-Informed (Relational) Care

- Introductory slides: Begin with an introduction to the faculty who developed the training, acknowledgments of funding sources, and important considerations about the training content, including the sensitive nature of trauma-related topics. Explain why this training is important and what participants can focus on.
- Session 1 Title: Foundations of Trauma-Informed (Relational) Care
- Overview: Provide an overview of the session's topics and learning objectives.
- Key concepts:
    - Trauma-informed care
    - Adverse childhood experiences
    - Affiliate response
    - Stress response systems, toxic stress physiology
    - Resiliency factors as THREADS
    - Trauma systems as threads becoming FRAYED
- Wrap Up and Next Steps: Conclude with a slide summarizing the topics covered and introducing the topics for the next session.
- Homework Assignment: Discovery Shopping (See Appendix 1 if planning for separate session to conduct activity)
    - Encourage participants to think about how the homework as it relates to the training.

- Instructions: The objective of this activity is to critically assess your clinical setting through a trauma-informed lens. This exercise aims to identify elements within the clinic that contribute to or detract from a sense of safety and inclusion for patients and their families. Practices ideally will, as a team, "walk" a real or pretend patient/family through the clinic visit from entry to exit, trying to "see" the clinic setting and staff through the patient/families' eyes. Some participants may opt to "walk" through the clinic literally on their own for experience. As a team, discuss your observations and findings. Reflect on how these insights can be used to improve the clinic environment. Prepare to report your findings and discuss them in the next training session.

Session 2: Promoting Resilience and Relational Health Skills in Practice

- Introductory slides to training: Begin with an introduction to the faculty who developed the training, acknowledgments of funding sources, and important considerations about the training content, including the sensitive nature of trauma-related topics. Explain why this training is important and what participants can focus on.
- Recap Session 1's homework assignment (See Appendix 1). What did participants or teams find while "discovering shopping"? Highlight specific elements that contribute to a sense of safety and welcome, as well as those that detract from it. Identify practical changes that can be made to enhance the patient experience.
- Recap from Session 1:
  - Why are protective relationships and the affiliate response important?
  - How can we use relational health approach in the care of patients and families?
- Session 2 Title: Promoting Resilience and Relational Health Skills in Practice
- Overview: Provide an overview of the session's topics and learning objectives.
- Key concepts:
  - Trauma-informed care
  - Resilience
  - Intersection of culture, trauma, and resilience
  - How to apply TIC skills with families and patients
- *[Slide: How do we integrate trauma-informed care and promote resilience during the visit?]*
  - The slides following this question are meant to provide specific practice examples including suggested scripts for clinical teams. Facilitators may adapt these slides to what is applicable to their specific clinical setting (and may choose to "hide" slides that are not applicable to their use). For instance, de-escalation protocols may already exist at your clinical setting so you may want to insert that information into this section of the training.
- Homework Assignment: Resilience in Action (See Appendix 2)
  - Encourage participants to think about how the homework as it relates to the training.
  - Instructions: The objective of this activity is to promote resilience during clinical visits through small, meaningful actions that enhance the patient and family

experience. It is an opportunity to practice one of the resilience promoting skills from this training and put it into action.

Session 3: Navigating Healthcare Stressors and Building Trauma-Informed Teams

- Introductory slides to training: Begin with an introduction to the faculty who developed the training, acknowledgments of funding sources, and important considerations about the training content, including the sensitive nature of trauma-related topics. Explain why this training is important and what participants can focus on.
- Recap Session 2's homework assignment (See Appendix 2). What did participants or teams notice while practicing "resilience in action"? What worked well and what didn't? Any unexpected outcomes or insights?
- Recap from Session 2:
    - Why are protective relationships and the affiliate response important?
    - Why is the affiliate response crucial for us (as health care workers)?
- Session 3 Title: Navigating Healthcare Stressors and Building Trauma-Informed Teams
- Overview: Provide an overview of the session's topics and learning objectives.
- Key concepts:
    - Stressors and threats at work
    - Organizational and systems change for TIC
    - Team-building strategies for trauma-informed teams
- Wrap Up and Next Steps: Conclude with a slide summarizing the topics covered and considerations for next steps after this training.
- Team Reflections: Guide participants to reflect on the training and develop an action plan to integrate lessons learned after the training. (See Appendix 3)
- Conclusion / Final "Homework": Facilitators can end with a final assignment (this is in the spirit of the homework ending the other sessions, recognizing that there is no next session to return this homework). Encourage participants to consider: How can you continue to leverage the affiliate response in working to improve patient and family experience and to build a more collegial work environment?
- Team Building Activity (See Appendix 4): Since this is the last session of the training, there is no actual homework assignment as learners will not be returning. However, facilitators can consider the following activity if they are reconvening the team after this training.
- Additional resources and handouts about trauma-informed care systems (Appendix 5), patient and provider resources (Appendix 6) and references (Appendix 7) can be shared from the Appendix section of this facilitator guide.

Training Evaluation

Reflections from Learners: To assess the effectiveness of the PATTeR Training for Clinic Staff and to gather valuable feedback, consider inviting participants to reflect on the following areas. Encourage participants to provide honest feedback, as this information is vital for refining and improving the training program. Collecting feedback can be done through surveys, discussion groups, or one-on-one interviews, depending on what resources are available to you.

- In what ways was the training relevant to your work?
- What aspects of the training were most helpful?
- What aspects of the training were not helpful? What would you change about the training?
- What change(s) will you make as a result of this learning, if any?
- What do you wish you had learned or learned more about?
- If you could ask the experts in trauma-informed care additional questions, what would you like to ask them?

Evaluation Tools: Consider the following examples of scales and assessments to evaluate TIC across organizations and systems.

Assessment Tool	Use	Link
TICOMETER/TIC Scale	• 35-item survey tool • Measures the extent to which organizations provide trauma-informed care. • Use this tool to assess current capacity to provide trauma informed care, identify areas for improvement, and monitor for changes in practice over time.	https://c4innovates.com/our-expertise/person-centered-strategies/trauma-informed-care/ticometer/
The Attitudes Related to Trauma-Informed Care (ARTIC) Scale	• 3 survey versions: 45-item, 35-item, 10-item short form • Measures staff attitudes toward trauma-informed care. • Use this tool to gauge readiness, evaluate the impact of staff training, and assess the sustainability of trauma-informed culture change efforts.	https://www.traumaticstressinstitute.org/the-artic-scale/
Trauma-Informed Practice (TIP) Scales	• 33-item survey tool • Measures the degree to which programs	Goodman, L.A., Sullivan, C.M., Serrata, J., Perilla, J., Wilson, J.M., Fauci, J.E. and

	are using trauma-informed practices from the patient's perspective.	DiGiovanni, C.D. (2016), Development and Validation of the Trauma-Informed Practice Scales. J. Community Psychol., 44: 747-764. https://doi.org/10.1002/jcop.21799 https://www.traumainformedcare.chcs.org/resource/trauma-informed-practice-tip-scales/
Trauma Informed System Change Instrument	• 19-item survey tool • Measures the extent to which staff understand trauma-informed practices, use safety plans, and perceive their organization as having formal TIC policies.	Richardson, M.M., Coryn, C.L.S., Henry, J. et al. Development and Evaluation of the Trauma-Informed System Change Instrument: Factorial Validity and Implications for Use. Child Adolesc Soc Work J 29, 167–184 (2012). https://doi.org/10.1007/s10560-012-0259-z https://traumainformedoregon.org/wp-content/uploads/2014/10/Trauma-Informed-System-Change-Instrument-Organizational-Change-Self-Evaluation.pdf
Knowledge, Attitudes, and Practices of Trauma-Informed Practice	• 36-item survey tool • Measures the knowledge, attitude, and practice of trauma-informed care among interdisciplinary pediatric healthcare staff.	King S, Chen KD, Chokshi B. Becoming Trauma Informed: Validating a Tool to Assess Health Professional's Knowledge, Attitude, and Practice. Pediatr Qual Saf. 2019;4(5):e215. Published 2019 Sep 9. doi:10.1097/pq9.0000000000000215
Table adapted from: Substance Abuse and Mental Health Services Administration: Practical Guide for Implementing a Trauma-Informed Approach. SAMHSA Publication No. PEP23-06-05-005. Rockville, MD: National Mental Health and Substance Use Policy Laboratory. Substance Abuse and Mental Health Services Administration, 2023.		

Appendix

Appendix 1: Discovery Shopping for a TIC Clinic

Why are we doing this? The purpose of this activity is to evaluate your clinical setting from a trauma-informed perspective. This exercise aims to identify factors within the clinic that either enhance or diminish a sense of safety and inclusion for patients and their families. Ideally, the individual or team will "walk" a real or pretend patient/family through the clinic visit from entry to exit, observing the experience through the patient/family's eyes. Some participants may choose to do this walkthrough individually. As a team, discuss your observations and findings, and reflect on how these insights can be used to improve the clinic environment. Prepare to report your findings and discuss them in the next training session.

For groups looking to engage in Discovery Shopping as its own activity in a group setting, please find instructions below.

Discovery Shopping: Group Activity Instructions

Suggested Materials:

- "Discovery Shopping" worksheet
- Pens and paper for notetaking
- Timer to keep time during activity
- A camera/phone if capturing clinical areas to bring up for discussion

Time Required: This activity is broken down into a 60-minute activity. The timeline can be adjusted depending on the size of the team and allocated time for discussion.

Activity Timeline (60 minutes):

1. **Introduction (5 minutes):** Welcome participants and explain the purpose of the activity: to critically assess your clinical setting through a trauma-informed lens. Emphasize the importance of creating a safe and inviting space as part of providing trauma-informed care.

2. **Explain Activity (10 minutes):** Explain the activity.
    a. Break out into small groups (if enough personnel): Divide participants into small teams (2-5 people), ideally including a variety of staff members (i.e., office manager, front desk, nursing, physician, etc).
    b. “Walk” a real or pretend patient/family through the clinic visit from entry to exit, trying to “see” the clinic setting and staff through the patient/families’ eyes.

3. **Clinic Walk-through (Individual or Small Group Activity) (15 minutes):** Instruct each team to walk through the clinic, starting from the entrance and moving through to the waiting area, reception, clinic rooms, and exit. Teams should note what a patient might see, hear, and feel throughout their journey. They should consider both positive elements and areas for improvement. If literally walking through the clinic space, encourage teams to take photos or make detailed notes of their observations.

4. **Prepare Findings (10 minutes):** Gather thoughts to share to larger group. Consider key observations, both positive aspects and areas needing improvement. Suggest specific changes or improvements based on your observations.

5. **Large Group Discussion (15 minutes):** Facilitate sharing of findings from individuals or small groups. discussion on the findings among individuals or small groups. Compare and contrast observations, note recurring themes and insights. Arrive at next steps to take.

6. **Wrap-up (5 minutes):** Summarize the session and identify next steps for planned changes.

Discovery Shopping: Worksheet

Getting Started: The goal of this activity is to understand what patients and their families experience when they visit your clinic. As a team or individually, pretend you are guiding a real or imaginary patient/family through a clinic visit, starting from when they enter until they leave. Pay attention to what they see, hear, and feel during the visit. Use the worksheet below to jot down your thoughts in two columns: "What does the patient experience?" and "What are opportunities to integrate trauma-informed care (TIC) principles?" Discuss your observations with your team and consider ways to make the clinic more welcoming and safer. Be prepared to share your findings in the next training session.

Support: Remember, everyone is doing their best with the resources they have. Be kind to yourself and your team during this exercise. Our goal is not to blame or find faults but to identify areas where we can improve and grow together.

Affirmation: We are dedicated to creating a safe and welcoming space for all our patients. By learning from the past, we move forward with compassion and commitment. Every day, we aim to make everyone feel valued and supported in our care.

Location *(Suggested considerations)*	**What does the patient experience?**	**What are opportunities to integrate TIC principles?**
Waiting Room *(How do the images and reading materials in the waiting room represent the community you serve?)*		
Front Desk *(How are patients greeted by the front desk staff upon arrival?)*		
Nurses Station *(How does the nursing staff facilitate patient comfort and choice during their visit?)*		
Patient Room *(How does the staff communicate and prepare patients for what's next and if any changes occur during their visit?)*		

Appendix 2: Resilience in Action

Why are we doing this? The goal of this activity is to promote resilience during clinical visits through small, meaningful actions that enhance the patient and family experience. It is an opportunity to practice one of the resilience promoting skills from the training and put it into action.

Resilience in Action: Instructions

1. Choose One Resilience-Promoting Action: Each team member selects one specific action to try during clinical interactions. This could be:

- **A Warm and Friendly Greeting:** Sets the tone for a safe visit. For example, “Thank you for coming in today. How can I help you?”
- **Offering Simple Choices:** Offers some control over the visit, creates a sense of self-efficacy, establish sense of trust and partnership. For example, ask the patient, "Which arm would you like me to measure your blood pressure on?"
- **Affirming Positive Interactions and Behaviors:** reinforces positive moments and reframes negative moments. For example, to the patient arriving late, "Thank you for coming today. I know it takes a lot of effort to get here."

2. Implement the Action: During your clinical visits, consciously implement your chosen action.

3. Observe What Happens: Pay close attention to the responses and reactions from patients and families, from your clinical team mates, from yourself. Note any changes in behavior and mood (theirs and yours).

4. Reflect on Your Experience: Reflect on how the action felt for you and the impact you observed. Consider questions such as:

- How did the patient/family respond?
- Did it change the dynamics of the visit?
- What emotions or thoughts did this action evoke in you?

5. Discuss with Your Team: Share your experience with your team. Discuss:

- What worked well and what could be changed?
- Any unexpected outcomes or insights?
- Suggestions for improvement.

6. Make Any Changes, As Needed: Based on the team discussion, identify any adjustments or refinements to your actions.

7. Try Again: Implement the improved actions in your next clinical visits.

8. Report Back: Be prepared to report your findings, reflections, and any changes made at the next training session.

Resilience in Action: Worksheet

Getting Started: The goal of this activity is to promote resilience during clinical visits through simple, meaningful actions that enhance the patient and family experience. It's an opportunity to practice and apply a resilience-promoting skill from the training. Start small, as making changes can be challenging. Choose one task from the Resilience Promoters list to try during clinical encounters this week. Observe the outcomes, reflect on how it affects your interactions, discuss with your team, make any necessary adjustments, and try again. Share your findings at the next session.

Support: Remember, we are all working towards improvement with the resources we have. Be kind and patient with yourself and your teammates during this exercise. The goal is to identify areas for growth and enhance our skills together, not to assign blame or find faults. Embrace this opportunity to learn and support each other.

Affirmation: We are dedicated to fostering a compassionate and supportive environment for our patients and each other. Each small step we take towards improvement brings us closer to providing the best care possible. Together, we can make a meaningful difference.

Resilience Promoter	What Will You Try?	How Did It Go?
A Warm & Friendly Greeting *Example: Thank you for coming today. We know how challenging it is to get here.*		
Offer A Simple Choice *Example: Would you like me to take your blood pressure on your right arm or left arm?*		
Affirm Positive Behaviors & Caregiver-Child Interactions *Example: You speak so nicely with your child. You really listen to your child.*		

Appendix 3: Team Reflections

Getting Started: Change begins with reflection and teamwork. Take a moment to reflect on your experiences and observations and identify key insights and takeaways.

Support: As we work through this exercise, it's important to remember that improvement is a collective effort. Be compassionate towards yourself and your teammates. Our goal is to learn and grow together, not to assign blame or find faults. Encourage each other, share insights openly, and provide constructive feedback. Celebrate the small victories and progress we make along the way. Let's use this opportunity to strengthen our teamwork and enhance our ability to provide trauma-informed care.

Affirmation: By continuously reflecting on and applying Trauma-Informed Care principles, we can collectively enhance the quality of care and support we provide to our patients and each other.

Reflection Questions:

- What have you learned?
- What are your team's strengths and challenges in implementing trauma-informed care?
- How can you support your team?
- How can your team, your organization, your leadership, etc. support you?
- What are next steps to implement trauma-informed care?

Appendix 4: Team Building Activity
Superhero Squad: Unleashing Our Team's Potential

Why are we doing this? The goal of this activity is to encourage team members to recognize and celebrate their unique strengths (superpowers), identify areas for improvement (kryptonite), and develop strategies for enhancing team resilience and collaboration**.**

Team Building Activity – Superhero Squad: Instructions

Suggested Materials:

1. "Superhero Squad: Unleashing Our Team's Potential" worksheet for each participant
2. Writing tools

Suggestions for the Facilitator:

1. Ensure a safe, positive, and supportive atmosphere during the activity. Recognize and validate all contributions so participants feel valued.
2. Use the superhero analogy to keep the discussion light-hearted and engaging, while still drawing meaningful insights.
3. Consider preparing a small token or certificate for participants that aligns with the superhero theme, such as "Super Collaborator" or "Resilience Hero," to make the session memorable.

Time Required: This activity is broken down into a 30-minute activity. The timeline can be adjusted depending on the size of the team and allocated time for discussion.

Activity Timeline (30 minutes):

1. **Introduction (5 minutes):** Welcome the team and introduce the theme of the activity: exploring personal and team strengths through the lens of superheroes.
    a. Hand out the worksheets and pens/pencils to each participant.
2. **Worksheet Completion (10 minutes):**
    a. Instruct participants to fill out the worksheet. Remind them to imagine themselves as superheroes within the healthcare team, focusing on their unique strengths, areas for improvement, and how they contribute to team resilience.
3. **Group Discussion (10 minutes):**
    a. Once the worksheets are completed, engage in a group share-out for team members to share their responses with the group.
    b. Facilitate a discussion on how these diverse superpowers can work together to overcome common challenges in the workplace.
4. **Wrap-up and Reflection (5 minutes):**
    a. Conclude the session by highlighting some of the key superpowers and kryptonites shared.
    b. Discuss how this awareness can lead to improved teamwork and collaboration.
    c. Encourage the team to think about ways they can support each other's strengths and help manage weaknesses.

Superhero Squad: Unleashing Our Team's Potential Worksheet

Welcome to our team-building exercise, designed to uncover the hidden superpowers within each of us at {insert clinic name}_____. Just like a well-assembled superhero squad, every team member has unique abilities and strengths crucial to our collective success. Today, we will explore these talents, identify our challenges (our personal kryptonite!), and set the stage for future growth and resilience.

Instructions: Please respond to the following questions thoughtfully. Imagine yourself as a superhero within our healthcare team.

Your Superhero Name: _____

Identify Your Heroic Trait: *If you were a superhero on our team, what would be your main power? How do you use this power to handle daily tasks at work?*

_____

_____

Uncover Your Kryptonite: *Even superheroes have their weaknesses. What task feels like your kryptonite? How do you manage to work through it?*

_____

_____

Team Dynamics through a Hero's Eyes: *Think of a time when your superhero squad (our team) was facing a challenging mission. What role did you play? What was the outcome?*

_____

_____

Resilience in the Face of Adversity: *When faced with a sudden crisis, how does your inner superhero prepare to tackle the situation? What tools or allies do you rely on?*

_____

_____

Vision for the Future: *What new abilities or skills do you wish to develop to enhance our heroic capabilities?*

_____

Appendix 5: A Primer on Trauma-Informed Care Systems

What is a Trauma-Informed Care (TIC) System?
A TIC system is designed to create a safe and supportive environment for both personnel and patients. Key features include:

- Safety for All: Ensuring a safe space for personnel, patients, and families.
- Aligned Leadership: Leadership aligns financing and protocols with the mission and vision of TIC and actively participates in education and training.
- Feedback and Transparency: The system solicits feedback from both patients and personnel, maintaining transparency and trustworthiness.
- Patient-Centered, Team-Based Care: Encourages nurturing the affiliate response among team members and between personnel and patients.
- Equity, Diversity, and Inclusion (EDI): EDI and cultural humility are integral to the organization and its work.
- Reflective Supervision: Supports reflective supervision practices.
- Network of Care Resources: Includes a network of care resources within and outside the organization to best serve patients.

Why are Trauma-Informed Approaches Important in Healthcare?
Trauma-informed approaches recognize that patients bring all their past experiences into their healthcare interactions, and so do healthcare personnel. This understanding is crucial because:

- Hidden Burdens: Patients and healthcare providers alike carry unique concerns, biases, and past experiences, often unseen.
- Energy in Interactions: Both patients and providers bring their own energy, shaped by background, training, past experiences, and daily stressors, to each interaction.
- Risk of Burnout: Multiple exposures to stress or trauma can increase the risk of traumatic stress symptoms and burnout among healthcare personnel.
- Personal History: Personal life stressors or trauma can heighten the risk of experiencing negative effects from workplace trauma.

What are the Benefits of Trauma-Informed Care?
Trauma-informed care is relational and team-based, involving everyone in the clinic and healthcare system. Its benefits include:

- Reducing Burnout and Secondary Traumatic Stress: Helps mitigate the impact of traumatic stress and burnout.
- Increasing Job Satisfaction and Teamwork: Enhances job satisfaction and fosters teamwork.
- Improving Patient Safety: Promotes safer patient care and reduces mistakes.
- Reducing Staff Turnover: Lowers turnover rates among staff.
- Saving Costs: Leads to cost savings in both the short and long term.

Trauma-informed approaches ultimately lead to better outcomes for both patients and healthcare employees.

Appendix 6: Additional Resources

Patient & Family Resources:

- Trauma Resources for Families. Infographics from the American Academy of Pediatrics to help families and caregivers learn how to address challenges of parenting when they or their children have experienced trauma. Handouts available for download in English and Spanish. Available at https://www.aap.org/en/patient-care/trauma-informed-care/resources-for-families/
- Helping Foster and Adoptive Families Cope With Trauma. A guide from the American Academy of Pediatrics to support adoptive and foster families. Available at https://downloads.aap.org/AAP/PDF/hfca_foster_trauma_guide.pdf
- The Mount Sinai Parenting Center. A series of resources for caregivers to support their child's development. All materials are free and can easily be downloaded and shared. Available at https://parenting.mountsinai.org/for-parents
- Sesame Workshop. Trauma resources for patients/families. Available at https://sesameworkshop.org/topics/traumatic-experiences/
- YouthLine. A peer-to-peer youth crisis and support service that offers free 24-hour help, support, and crisis line for youth. Available at https://www.theyouthline.org/

Healthcare Provider Resources about Trauma-Informed Care:

- American Academy of Pediatrics (AAP) Trauma-Informed Care (TIC) Resources. Available at https://www.aap.org/tic
- AAP PATTeR Training and Educational Opportunities including recordings of didactic presentations. Available at https://www.aap.org/en/patient-care/trauma-informed-care/training-and-educational-opportunities-trauma-and-resilience/
- AAP PATTeR Child Health Advice for Trauma (CHAT) Handbook. These resources are intended to be used as reminders of curricular material, tools that can be adapted for office or clinic use, and handouts to share with colleagues or patients. This is not intended to be a review or summary of the course, and is not intended to substitute for participation in the PATTeR program. Available at https://downloads.aap.org/AAP/PDF/PATTeR%20CHAT_Level%201%20&%20Handouts%20combined%20FINAL.pdf
- Video summary of trauma-informed care (18 mins). Available at https://services.aap.org/en/patient-care/mental-health-minute/trauma_informed_care/
- A Pediatrician's Guide to an LGBTQ+ Friendly Practice. Recommendations from the AAP about the ways pediatricians can improve the care of their LGBTQ+ patients/families. Available at https://www.aap.org/en/patient-care/lgbtq-health-and-wellness/a-pediatricians-guide-to-an-lgbtq-friendly-practice/
- Practicing HOPE in Trauma-Informed Care. A perspective piece by Dr. Adwoa Osei about how to promote opportunities for positive childhood experiences in the practice of pediatrics. Available at https://www.aap.org/en/news-room/aap-voices/practicing-hope-in-trauma-informed-

care/?utm_source=MagnetMail&utm_medium=email&utm_term=CHP%2DLeaderLink&utm_campaign=2024%2E05%2E21%20Chapter%20Leader%20Link

- AAP Podcasts and Voices Blogs on Trauma-Informed Care. Podcasts and blog posts by various matter experts on trauma-informed care. Available at https://www.aap.org/en/patient-care/trauma-informed-care/aap-podcasts-and-voices-blogs-on-trauma-informed-care/
- Care Process Models Traumatic Stress in Pediatric Patients from Intermountain Health. This care process model (CPM) provides best-practice recommendations for the prevention of childhood trauma as well as the identification and management of pediatric traumatic stress. Available at https://intermountainhealthcare.org/ckr-ext/Dcmnt?ncid=529796906
- Centers for Disease Control and Prevention (CDC) Violence Prevention. Resources to prevent violence by understanding the factors that influence violence. Available at https://www.cdc.gov/violenceprevention/index.html
- Complex Trauma Resources. Available at https://www.complextrauma.org/
- Dovetail Learning - We Are Resilient™ practical skills for coping with stress. Available at https://dovetaillearning.org/
- International Society for Traumatic Stress Studies (ISTSS). An international interdisciplinary professional organization that promotes advancement and exchange of knowledge about traumatic stress. Available at https://istss.org/home
- National Child Traumatic Stress Network (NCTSN). A network of centers that aims to improve access to services for children, adolescents, families, and communities who have experienced trauma Available at https://www.nctsn.org/
- Resilience University. Connecting professionals, families & teens with resources & healthy coping skills to foster resilience and lower stress. Available at https://resilience-university.com/
- Substance Abuse and Mental Health Services Administration (SAMHSA). Available at https://www.samhsa.gov/

Clinical Implementation Resources:

- Byrne KA, McGuier EA, Campbell KA, et al. Implementation of A Care Process Model for Pediatric Traumatic Stress in Child Advocacy Centers: A Mixed Methods Study. J Child Sex Abus. 2022;31(7):761-781. doi:10.1080/10538712.2022.2133759
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- The Trauma-informed ACEs Screening & Intervention Evaluation (TASIE) Project ECHO®. Available at https://njaap.org/tasie/

Mental Health Resources for Healthcare Providers:

- Peptoc Hotline. Features pre-recorded life advice and encouraging messages from the students at West Side Elementary, a K-6th public school in rural Healdsburg, California. Available at https://www.peptoc.net/hotline
- Mindful Staff. Mindfulness for Healthcare Workers. Available at https://www.mindful.org/mindfulhome-mindfulness-for-healthcare-workers-during-covid/
- Medical News Today. Six mindfulness techniques for physicians. Available at: https://www.medicalnewstoday.com/articles/six-mindfulness-techniques-for-physicians
- Physician Burnout: Impacts and Assessment Tools from the AAP. Available at https://www.aap.org/en/career-resources/physician-health-and-wellness/physician-burnout-impacts-and-assessment-tools/

Medical Education Resources for Clinical Educators:

- Harlan M, Radhakrishnan R, Mehta N, et al. Addressing Trauma and Building Resilience in Children and Families: Standardized Patient Cases for Pediatric Residents. MedEdPORTAL. 2023;19:11234. Available at: https://www.mededportal.org/publication/11234.
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Suggested Videos for Additional Information About:

What is Trauma?

- UK Trauma Council. Childhood Trauma and the Brain. YouTube. Available from: https://www.youtube.com/watch?v=xYBUY1kZpf8
- Burke Harris N. How Childhood Trauma Affects Health Across a Lifetime. TED. Available from: https://www.youtube.com/watch?v=95ovIJ3dsNk
- Van der Kolk B. How the Body Keeps the Score on Trauma. Big Think+. Available from: https://www.youtube.com/watch?v=iTefkqYQz8g&t=53s
- Van der Kolk B. The Body Keeps the Score. YouTube. Available from: https://www.youtube.com/watch?v=QSCXyYuT2rE
- Trauma and the Brain. YouTube. Available from: https://www.youtube.com/watch?app=desktop&v=ZLF_SEy6sdc

What is Trauma Informed Care?

- Khadija. The Power of Relationships in Pediatric Care: Uncovering Trauma & Adversity. AAP. Available from: https://www.youtube.com/watch?v=vvvaFLNV8cY
- What is Trauma-Informed Care? YouTube. Available from: https://www.youtube.com/watch?v=fWken5DsJcw
- Academia Americana de Pediatría Capítulo de Puerto Rico. El trauma causa cambios negativos en la salud física y emocional, con un efecto mayor en los niños. Comenta cómo el estrés afecta a tu hijo y qué haces. Facebook. Available from: https://www.facebook.com/aap.prped/videos/3544875602443012/

What is Trauma-Focused Cognitive Behavioral Therapy?

- UK Trauma Council. What is Trauma-Focused CBT? YouTube. Available from: https://www.youtube.com/watch?v=B0xUwMcMwwc&t=101s

What is Empathy?

- American Academy of Pediatrics. "In the Words of an IPV Survivor" Video Series. AAP. Available from: https://www.aap.org/en/patient-care/intimate-partner-violence/in-the-words-of-an-ipv-survivor-video-series/
- Brown B. Brené Brown on Empathy vs Sympathy. YouTube. Available from: https://www.youtube.com/watch?v=KZBTYViDPlQ

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Learner Syllabus

Pediatric Approach to Trauma, Treatment, and Resilience (PATTeR): Training for Clinic Staff
Syllabus for Learners

Course Title: Pediatric Approach to Trauma, Treatment, and Resilience (PATTeR)

Training Overview

The Pediatric Approach to Trauma, Treatment, and Resilience (PATTeR) Training for Clinic Staff aims to build a trauma-informed workforce in pediatrics. PATTeR encompasses practical strategies from evidence-based mental health treatment and parenting and resilience literatures to pediatric care and workflow. The training equips learners with clinical skills in identifying, evaluating, and responding to trauma, as well as providing intervention and support resources to foster secure attachment and resilience. This comprehensive training program aims to develop the competence necessary to implement trauma-informed care (TIC) in practice for all members of the clinical team.

Important Consideration

The PATTeR training discusses adversity and trauma, stress responses systems, and trauma-informed care. The course aims to provide insight into the challenges faced by pediatricians when addressing trauma-related issues in clinical practice. These topics may elicit various emotions or concerns among learners. The aim is for a psychologically and physically safe training space. Learners are encouraged to reach out to their training facilitators if any apprehensions arise.

Facilitator Information:

Facilitator: {Insert Facilitator Name}
Contact Information: {Insert Facilitator Contact Information}

Training Goals

- To develop a working understanding of trauma and its effects and the importance of using TIC responses with colleagues, families, and patients.
- To equip learners with practical trauma-informed care skills in pediatric healthcare settings to promote safety, trust, and engagement.

Training Objectives

- To understand how trauma and stress affect patients and families, and how these factors influence our ability to provide effective care.
- To identify and implement strategies that promote resilience and foster relational health in clinical settings.

- To recognize and address healthcare-related stressors and to cultivate trauma-informed healthcare teams.

Training Materials

PATTeR for Staff Training Slide Deck

Format: Synchronous Didactic Lectures

Estimated Duration: 30 mins didactics + 30 mins discussion per session

Session	Learning Objectives	Content
Session 1: Foundations of Trauma-Informed (Relational) Care	• Define trauma. • Describe ACEs (adverse childhood experiences). • Describe toxic stress and how it becomes biologically embedded and affects the brain and body. • Describe how to buffer the toxic stress response.	• What do we mean by trauma? • What are ACEs (Adverse Childhood Experiences)? • What is toxic stress and how does it become biologically embedded and affect the brain and body? • What buffers toxic stress? • Homework: Discovery Shopping
Session 2: Promoting Resilience and Relational Health Skills in Practice	• Define trauma-informed care. • Define resilience and how an individual becomes resilient. • Describe the intersection of culture, trauma, and resilience. • Describe how to apply TIC skills with patients and families.	• Homework discussion • Last session recap • What is trauma-informed care? • What is resilience and how does someone become resilient? • What is the intersection of culture, trauma, and resilience? • How do we apply TIC skills with families and patients? • Homework: Resilience in Action
Session 3: Navigating Healthcare Stressors and	• Describe the types of stressors or threats at work.	• Homework discussion • Last session recap

Building Trauma-Informed Teams	• Define burnout, moral injury, and secondary traumatic stress. • Describe how to use the affiliate response in the face of stressors/threats at work. • Describe the importance of trauma-informed clinical teams.	• What are the types of stressors or threats at work? • How can we use the affiliate response at work? • What is the importance of organizational and systems level change for TIC? • What are team-building strategies for trauma-informed teams? • Closing

PATTeR for Staff Infographics

Description: The infographics offer a visualization of practical strategies pediatric care providers and clinic teams can implement during clinic visits to foster a trauma-informed environment.

Topic	Content
Course of a Pediatric Trauma-Informed Care Visit WITH Families (For Pediatricians)	This infographic is designed to help pediatric providers visualize the flow of a trauma-informed care visit with patients/families. This infographic utilizes the mnemonic "WITH" (Wonder, Investigate, Treat, Hope) that maps onto the mnemonic "SOAP" (Subjective, Objective, Assessment, Plan), familiar to physicians in clinical practice. The role of the pediatrician is to serve as a reliable resource of care for patients/families, to identify and reduce family stressors, to nurture the caregiver-child relationship and build caregiver and child skills -- the WITH framework provides the structure for this work.
Overview of a Trauma-Informed Pediatric Visit (Staff Version)	This infographic provides a visual overview of a trauma-informed care clinic visit. A trauma-informed care clinic visit starts at entry to the clinic and checking in as a patient, and continues to the waiting area, interactions with nurses and physicians, and exiting the clinic. At each step, there are practical strategies pediatric healthcare workers can use to foster a trauma and resilience informed approach to care.

Trauma-Informed Care Resource Infographics for Clinic Staff	The additional resources are intended to help healthcare teams to visualize the steps to implement trauma-informed care across different clinical scenarios including routine visits, phone visits, and challenging interactions. Handouts also cover de-escalation strategies, safety protocols, and non-verbal communication strategies.

PATTeR for Staff Short Videos

Description: The short videos serve as essential companions to the training sessions by providing concise and focused content that enhances understanding and retention of key concepts.

Topic	Content
What is Trauma-Informed Care (TIC)? Duration: 1min25s	This video introduces trauma and trauma-informed care, explaining the three E's of trauma, the impact of trauma on families, and the core principles and importance of recognizing and responding to the effects of trauma in healthcare settings.
Why is TIC important? Duration: 2min3s	This video emphasizes the importance of trauma-informed care, highlighting the effects of childhood trauma, building trusting relationships, and promoting resilience and healing.
Safety Duration: 1min17s	This video defines the concept of safety within trauma-informed care, focusing on the benefits of safe healthcare environments, the impact on staff and providers, and creation of a secure and supportive environment for both patients and staff.
Engagement Duration: 1min37s	This video explores the role of engagement in trauma-informed care, detailing how the affiliate response is crucial for care. It highlights relational care and empathy, building trust and safety, and supporting emotional well-being.

Training Evaluation

Reflections from Learners: To assess the effectiveness of the PATTeR Training for Clinic Staff and to gather valuable feedback, consider the following questions:

- In what ways was the training relevant to your work?
- What aspects of the training were most helpful, and which were not?
- What did you learn from the training?
- What do you wish you had learned or learned more about?
- What would you change about the training?
  What specific questions do you have for experts in trauma-informed care?

Additional Resources

Patient & Family Resources:

- Trauma Resources for Families. Infographics from the American Academy of Pediatrics to help families and caregivers learn how to address challenges of parenting when they or their children have experienced trauma. Handouts available for download in English and Spanish. Available at https://www.aap.org/en/patient-care/trauma-informed-care/resources-for-families/
- Helping Foster and Adoptive Families Cope With Trauma. A guide from the American Academy of Pediatrics to support adoptive and foster families. Available at https://downloads.aap.org/AAP/PDF/hfca_foster_trauma_guide.pdf
- The Mount Sinai Parenting Center. A series of resources for caregivers to support their child's development. All materials are free and can easily be downloaded and shared. Available at https://parenting.mountsinai.org/for-parents
- Sesame Workshop. Trauma resources for patients/families. Available at https://sesameworkshop.org/topics/traumatic-experiences/
- YouthLine. A peer-to-peer youth crisis and support service that offers free 24-hour help, support, and crisis line for youth. Available at https://www.theyouthline.org/

Healthcare Provider Resources about Trauma-Informed Care:

- American Academy of Pediatrics (AAP) Trauma-Informed Care (TIC) Resources. Available at https://www.aap.org/tic
- AAP Training and Educational Opportunities including recordings of didactic presentations. Available at https://www.aap.org/en/patient-care/trauma-informed-care/training-and-educational-opportunities-trauma-and-resilience/
- AAP PATTeR Child Health Advice for Trauma (CHAT) Handbook. These resources are intended to be used as reminders of curricular material, tools that can be adapted for office or clinic use, and handouts to share with colleagues or patients. This is not intended to be a review or summary of the course and is not intended to substitute for participation in the PATTeR program. Available at https://downloads.aap.org/AAP/PDF/PATTeR%20CHAT_Level%201%20&%20Handouts%20combined%20FINAL.pdf
- Video summary of trauma-informed care (18 mins). Available at https://services.aap.org/en/patient-care/mental-health-minute/trauma_informed_care/
- A Pediatrician's Guide to an LGBTQ+ Friendly Practice. Recommendations from the AAP about the ways pediatricians can improve the care of their LGBTQ+ patients/families. Available at https://www.aap.org/en/patient-care/lgbtq-health-and-wellness/a-pediatricians-guide-to-an-lgbtq-friendly-practice/
- Practicing HOPE in Trauma-Informed Care. A perspective piece by Dr. Adwoa Osei about how to promote opportunities for positive childhood experiences in the practice of pediatrics. Available at https://www.aap.org/en/news-room/aap-voices/practicing-hope-in-trauma-informed-

care/?utm_source=MagnetMail&utm_medium=email&utm_term=CHP%2DLeaderLink&utm_campaign=2024%2E05%2E21%20Chapter%20Leader%20Link

- AAP Podcasts and Voices Blogs on Trauma-Informed Care. Podcasts and blog posts by various matter experts on trauma-informed care. Available at https://www.aap.org/en/patient-care/trauma-informed-care/aap-podcasts-and-voices-blogs-on-trauma-informed-care/
- Care Process Models Traumatic Stress in Pediatric Patients from Intermountain Health. This care process model (CPM) provides best-practice recommendations for the prevention of childhood trauma as well as the identification and management of pediatric traumatic stress. Available at https://intermountainhealthcare.org/ckr-ext/Dcmnt?ncid=529796906
- Centers for Disease Control and Prevention (CDC) Violence Prevention. Resources to prevent violence by understanding the factors that influence violence. Available at https://www.cdc.gov/violenceprevention/index.html
- Complex Trauma Resources. Available at https://www.complextrauma.org/
- Dovetail Learning - We Are Resilient™ practical skills for coping with stress. Available at https://dovetaillearning.org/
- International Society for Traumatic Stress Studies (ISTSS). An international interdisciplinary professional organization that promotes advancement and exchange of knowledge about traumatic stress. Available at https://istss.org/home
- National Child Traumatic Stress Network (NCTSN). A network of centers that aims to improve access to services for children, adolescents, families, and communities who have experienced trauma Available at https://www.nctsn.org/
- Resilience University. Connecting professionals, families & teens with resources & healthy coping skills to foster resilience and lower stress. Available at https://resilience-university.com/
- Substance Abuse and Mental Health Services Administration (SAMHSA). Available at https://www.samhsa.gov/

Clinical Implementation Resources:

- Byrne KA, McGuier EA, Campbell KA, et al. Implementation of A Care Process Model for Pediatric Traumatic Stress in Child Advocacy Centers: A Mixed Methods Study. J Child Sex Abus. 2022;31(7):761-781. doi:10.1080/10538712.2022.2133759
- Rider EA, Nawotniak RH. Communication the Cleveland Clinic Way: How to Drive a Relationship-Centered Strategy for Superior Patient Experience. New York, NY: McGraw Hill; AccessMedicine. Available at: https://mhmedical.com/book.aspx?bookid=2597
- Substance Abuse and Mental Health Services Administration: Practical Guide for Implementing a Trauma-Informed Approach. SAMHSA Publication No. PEP23-06-05-005. Rockville, MD: National Mental Health and Substance Use Policy Laboratory. Substance Abuse and Mental Health Services Administration, 2023.
- The Trauma-informed ACEs Screening & Intervention Evaluation (TASIE) Project ECHO®. Available at https://njaap.org/tasie/

Mental Health Resources for Healthcare Providers:

- Peptoc Hotline. Features pre-recorded life advice and encouraging messages from the students at West Side Elementary, a K-6th public school in rural Healdsburg, California. Available at https://www.peptoc.net/hotline
- Mindful Staff. Mindfulness for Healthcare Workers. Available at https://www.mindful.org/mindfulhome-mindfulness-for-healthcare-workers-during-covid/
- Medical News Today. Six mindfulness techniques for physicians. Available at: https://www.medicalnewstoday.com/articles/six-mindfulness-techniques-for-physicians
- Physician Burnout: Impacts and Assessment Tools from the AAP. Available at https://www.aap.org/en/career-resources/physician-health-and-wellness/physician-burnout-impacts-and-assessment-tools/

Suggested Videos for Additional Information About:

What is Trauma?

- UK Trauma Council. Childhood Trauma and the Brain. YouTube. Available from: https://www.youtube.com/watch?v=xYBUY1kZpf8
- Burke Harris N. How Childhood Trauma Affects Health Across a Lifetime. TED. Available from: https://www.youtube.com/watch?v=95ovIJ3dsNk
- Van der Kolk B. How the Body Keeps the Score on Trauma. Big Think+. Available from: https://www.youtube.com/watch?v=iTefkqYQz8g&t=53s
- Van der Kolk B. The Body Keeps the Score. YouTube. Available from: https://www.youtube.com/watch?v=QSCXyYuT2rE
- Trauma and the Brain. YouTube. Available from: https://www.youtube.com/watch?app=desktop&v=ZLF_SEy6sdc

What is Trauma Informed Care?

- Khadija. The Power of Relationships in Pediatric Care: Uncovering Trauma & Adversity. AAP. Available from: https://www.youtube.com/watch?v=vvvaFLNV8cY
- What is Trauma-Informed Care? YouTube. Available from: https://www.youtube.com/watch?v=fWken5DsJcw
- Academia Americana de Pediatría Capítulo de Puerto Rico. El trauma causa cambios negativos en la salud física y emocional, con un efecto mayor en los niños. Comenta cómo el estrés afecta a tu hijo y qué haces. Facebook. Available from: https://www.facebook.com/aap.prped/videos/3544875602443012/

What is Trauma-Focused Cognitive Behavioral Therapy?

- UK Trauma Council. What is Trauma-Focused CBT? YouTube. Available from: https://www.youtube.com/watch?v=B0xUwMcMwwc&t=101s

What is Empathy?

- American Academy of Pediatrics. "In the Words of an IPV Survivor" Video Series. AAP. Available from: https://www.aap.org/en/patient-care/intimate-partner-violence/in-the-words-of-an-ipv-survivor-video-series/
- Brown B. Brené Brown on Empathy vs Sympathy. YouTube. Available from: https://www.youtube.com/watch?v=KZBTYViDPlQ

Training Slides

Train-the-Trainer
Trauma-Informed Training at the AAP-CA2 Annual Symposium

May 30, 2025

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CME Accreditation

This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of PeerPoint Medical Education Institute and the American Academy of Pediatrics – CA2. PeerPoint Medical Education Institute is accredited by the ACCME to provide continuing medical education for physicians. PeerPoint Medical Education Institute designates the live format for this educational activity for a maximum of 2.00 AMA PRA Category 1 CreditsTM. Physicians should only claim credit commensurate with the extent of their participation in the activity.

Successful completion of this CME activity, which includes participation in the evaluation component, enables the learner to earn up to 2.00 MOC points in the American Board of

Pediatrics' (ABP) Maintenance of Certification (MOC) program. It is the CME activity provider's responsibility to submit learner completion information to ACCME for the purpose of granting ABP MOC credit. The live approval period is: May 30, 2025.

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The Pediatric Approach to Trauma, Treatment and Resilience (PATTeR): Clinic Staff Training

Trauma-Informed Care Training for the Clinical Team

Christine Thang, MD, FAAP
Samantha Kucaj, PsyD
Moira Szilagyi, MD, PhD, FAAP

PATTeRx
Pediatric Approach to Trauma, Treatment and Resilience

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Welcome to the Pediatric Approach to Trauma, Treatment and Resilience (PATTeR) training. This is a trauma-informed care training for the clinical team because all of us here play a role in the care of our patients and families.

Note to users: This course is designed as a multi-session series that can be delivered in one sitting or over several sessions. This slide deck is divided into 3 sections for ease of access. If delivered in one sitting, the repeated introductory slides at the start of each session can be "hidden".

Welcome to the Pediatric Approach to Trauma, Treatment and Resilience, or PATTeR, Training. This is a trauma-informed care training for clinic staff. Trauma-informed care is relational care so it is only successful if each of us who work in a pediatric clinical setting know what it is and how to do it. It is a team-based approach to care that is resilience promoting, trauma aware and responsive, culturally humble, family and child-centered, and meets people where they are. It sounds like a big task, but this is work you are probably already doing every day without realizing it. So, let's get started on this training together!

We begin with Session 1: Foundations of Trauma-Informed Care.

Note to users: This training was adapted from the American Academy of Pediatrics (AAP) Pediatric Approach to Trauma, Treatment, and Resilience (PATTeR) project. This course is designed as a multi-session series that can be delivered in one sitting or over several sessions. These introductory slides (faculty, acknowledgements, important considerations) are repeated at the start of each session. If delivered in one sitting, these repeated slides can be hidden.

Faculty Involved in Training Development

Christine Thang, MD, FAAP

Assistant Professor of Pediatrics

Division of General Pediatrics

University of California Los Angeles

Samantha Kucaj, PsyD

Clinical Psychologist

Division of Developmental and Behavioral Pediatrics

University of California Los Angeles

Moira Szilagyi, MD, PhD, FAAP

Professor of Pediatrics

Division of General Pediatrics

University of California Los Angeles

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This training was developed by the following faculty.

Acknowledgements about Training Development

This training is supported by funding from the Centers for Disease Control and Prevention Center for State, Tribal, Local, and Territorial Support as part of an award to the American Academy of Pediatrics. The content is that of the authors and does not necessarily represent the official views of, nor an endorsement, by, the CDC or the U.S. Government. The Centers for Disease Control and Prevention had no role in the development, design or delivery the curriculum. The information and opinions expressed are solely those opinions of the study authors.

Training content has been adapted and expanded from the Pediatric Approach to Trauma, Treatment, and Resilience (PATTeR) project that was a collaborative effort among the American Academy of Pediatrics, the Department of Pediatrics at the University of California Los Angeles (UCLA, PI: Dr. Moira Szilagyi) and the University of Massachusetts (UMass, PI: Dr. Heather Forkey). Initial iterations of this content were supported by funding from the Substance Abuse and Mental Health Services Administration (SAMHSA): National Child Traumatic Stress Initiative – Category II: Pediatric Approach to Trauma, Treatment and Resilience project, grant #1U79SM080001-01. The content in this training does not represent the official views of, nor an endorsement by SAMSHA.

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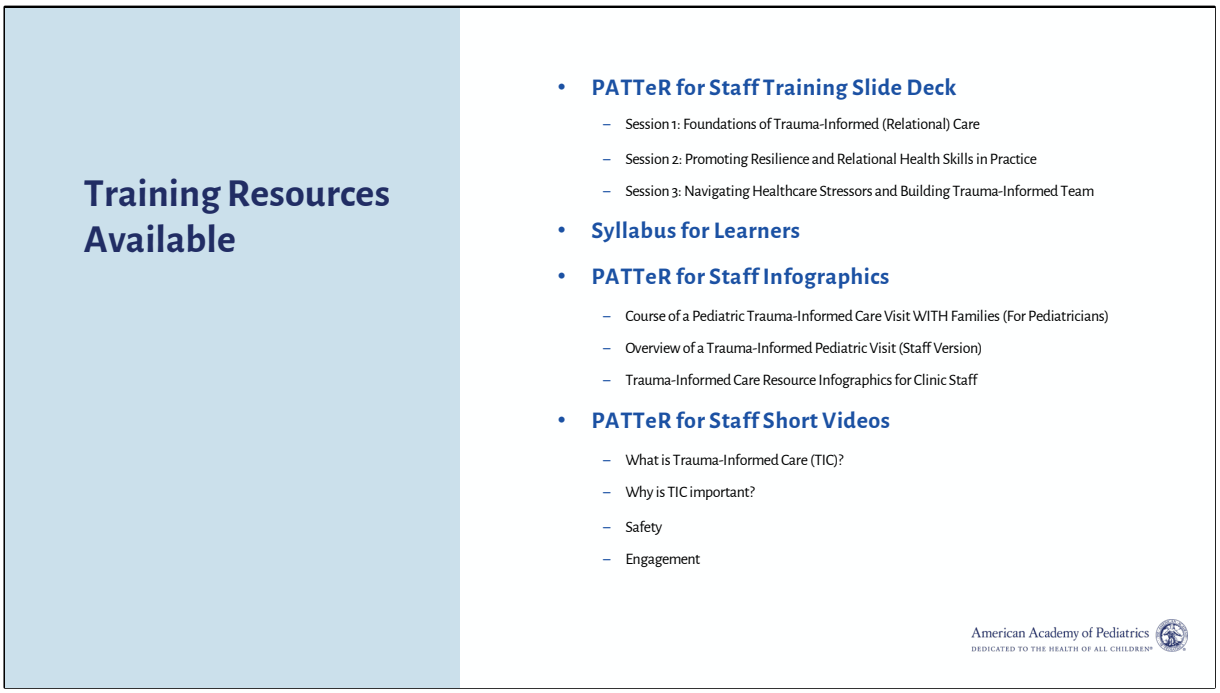
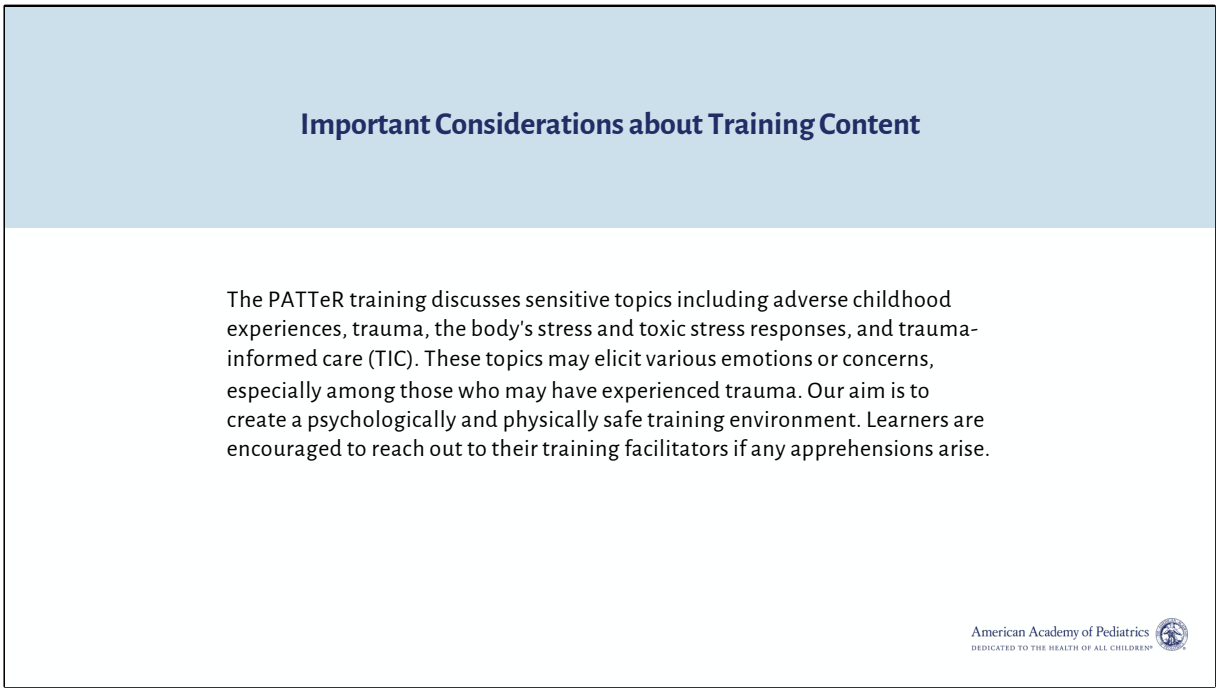
We acknowledge the following funding sources for the development of this training.

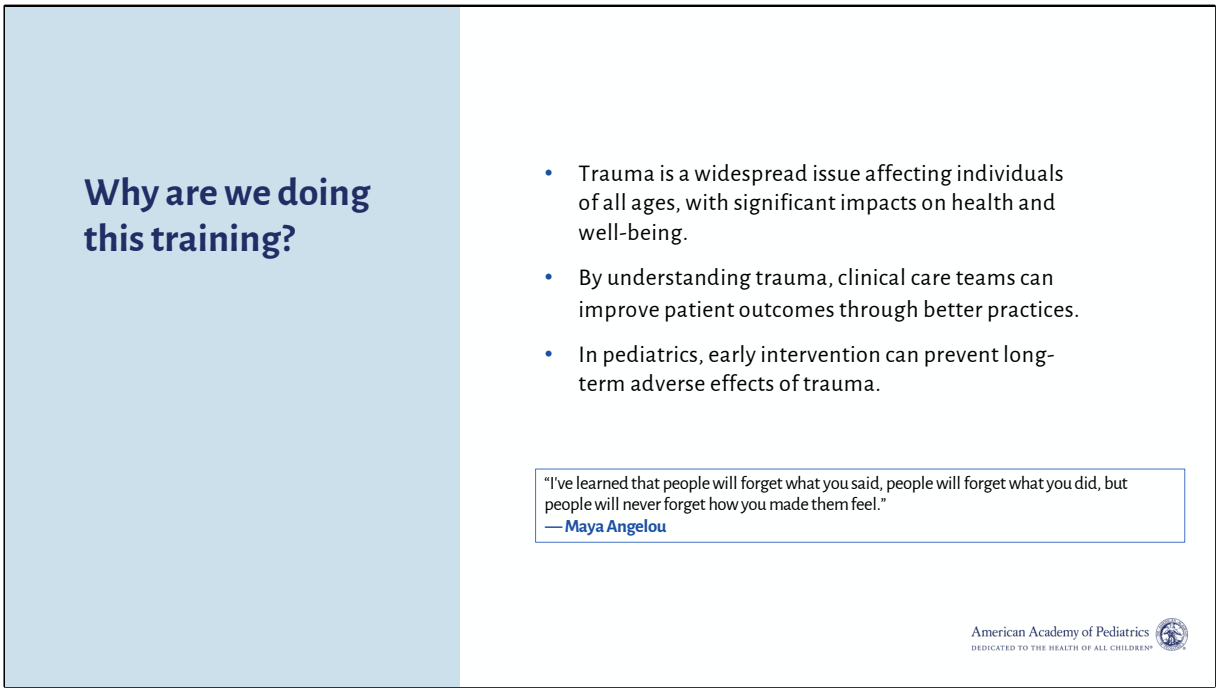
Note to users: Please do not remove this acknowledgement slide when providing the training.



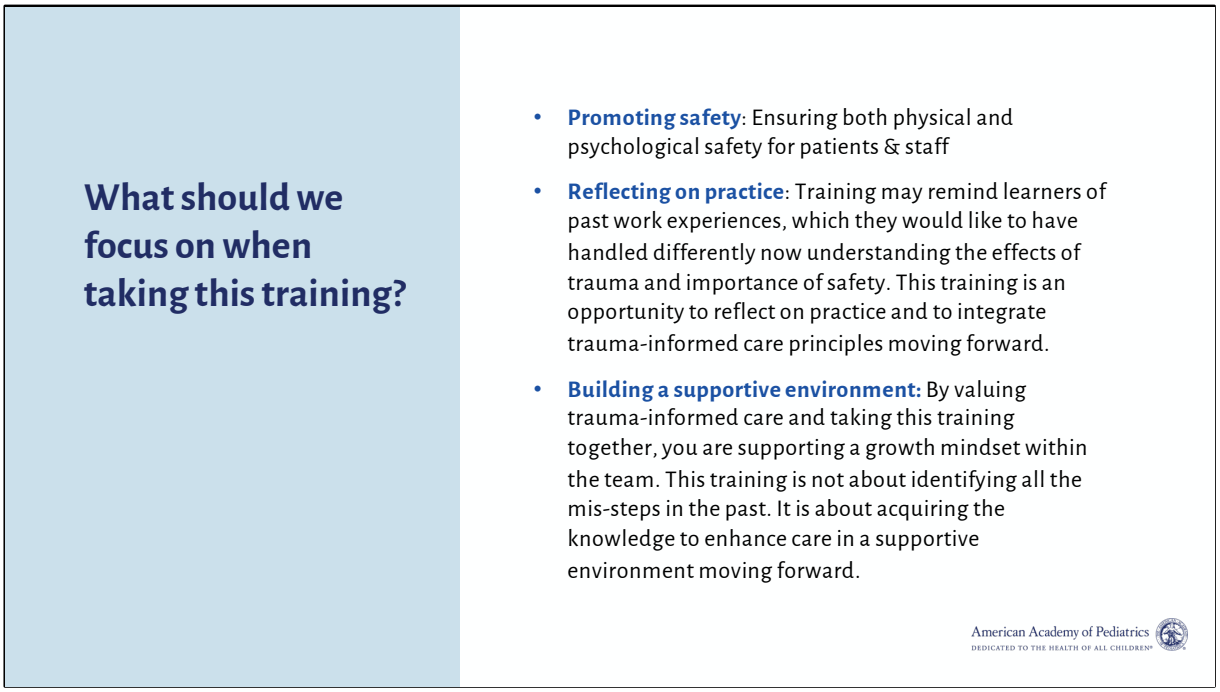
The following training resources were developed and are available to accompany the training. Inpatient adaptations are a work in progress.



The PATTeR training discusses sensitive topics including adverse childhood experiences, toxic stress response, trauma, and trauma-informed care. These topics may elicit various emotions or concerns. The aim is to create a psychologically and physically safe training environment. Learners are encouraged to reach out to their training facilitators if any apprehensions arise.

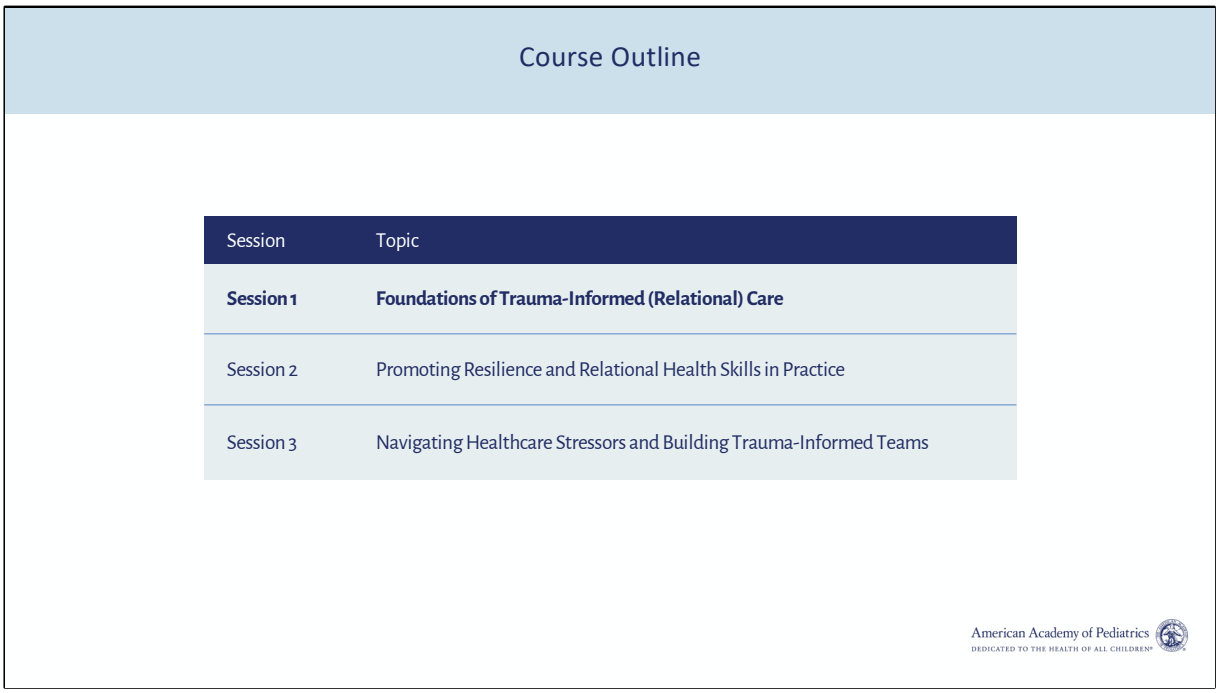


We know that trauma is a widespread issue affecting individuals of all ages, with significant impacts on health and well-being. By understanding trauma, clinical care teams can improve patient outcomes because we can improve practice. By doing this work in pediatrics settings, we can ensure that early interventions will prevent long-term adverse effects of trauma.



This training focuses on 3 main areas for trauma-informed clinical practice. That is the promotion of safety, reflection on practice, and how to build a supportive environment.

We focus on ensuring both physical and psychological safety among patients and staff. This training is an opportunity to reflect on current practices and to integrate trauma-informed care principles moving forward. This training is not about identifying all the mis-steps in the past. It is about acquiring the knowledge to enhance care in a supportive environment moving forward.



In Session 1, we will be covering the foundations of trauma-informed (relational) care.

Overview of Session 1: Foundations of Trauma-Informed Relational Care

- What do we mean by trauma?
- What are ACEs (Adverse Childhood Experiences)?
- What is toxic stress, and how does it become biologically embedded?
- What buffers toxic stress?

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In this first session, we will cover the meaning of trauma, ACEs, toxic stress, and buffers for toxic stress.

So, where do we begin?

We know the clinic appointment doesn't just start in the exam room…

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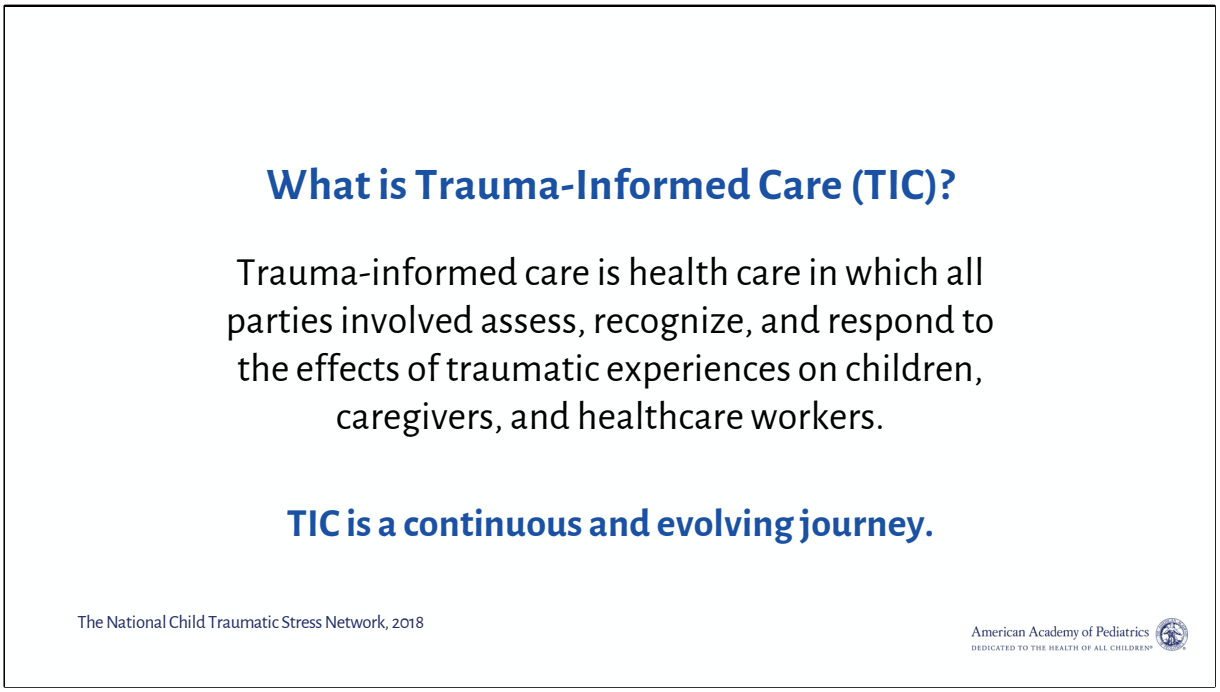
So, where do we begin? We know the clinic appointment doesn't just start in the exam room. It begins with signals of safety and engagement starting at the front door. A successful healing visit with a family begins with safety—both physical and emotional. It begins with how we engage families and help them feel welcomed. When people come to us for care, they bring all their past experiences, good and bad, with them—along with their own temperament, cultural lenses, and concerns. We usually have no idea what families are carrying with them when they come to see us. This is why trauma-informed care training needs to involve everyone in the clinic.



To begin, trauma-informed care, or TIC, is defined by the National Child Traumatic Stress Network, or NCTSN, as health care in which all parties involved assess, recognize, and respond to the effects of traumatic experiences on children, caregivers, and healthcare workers. The effective delivery of TIC involves a continuous journey of practice that evolves over time as new information about the impact of trauma and best practices emerges.

Reference: The National Child Traumatic Stress Network. Trauma-informed care. Accessed July 29, 2024. https://www.nctsn.org/trauma-informed-care

Trauma-Informed Care (TIC) is Relational Care

TIC is relational care that is:

- emotionally & psychologically safe
- resilience promoting
- culturally humble
- trauma aware and responsive
- anti-racist
- aware of our own biases
- strives to understand the context of people's lives & partner with them to promote healing

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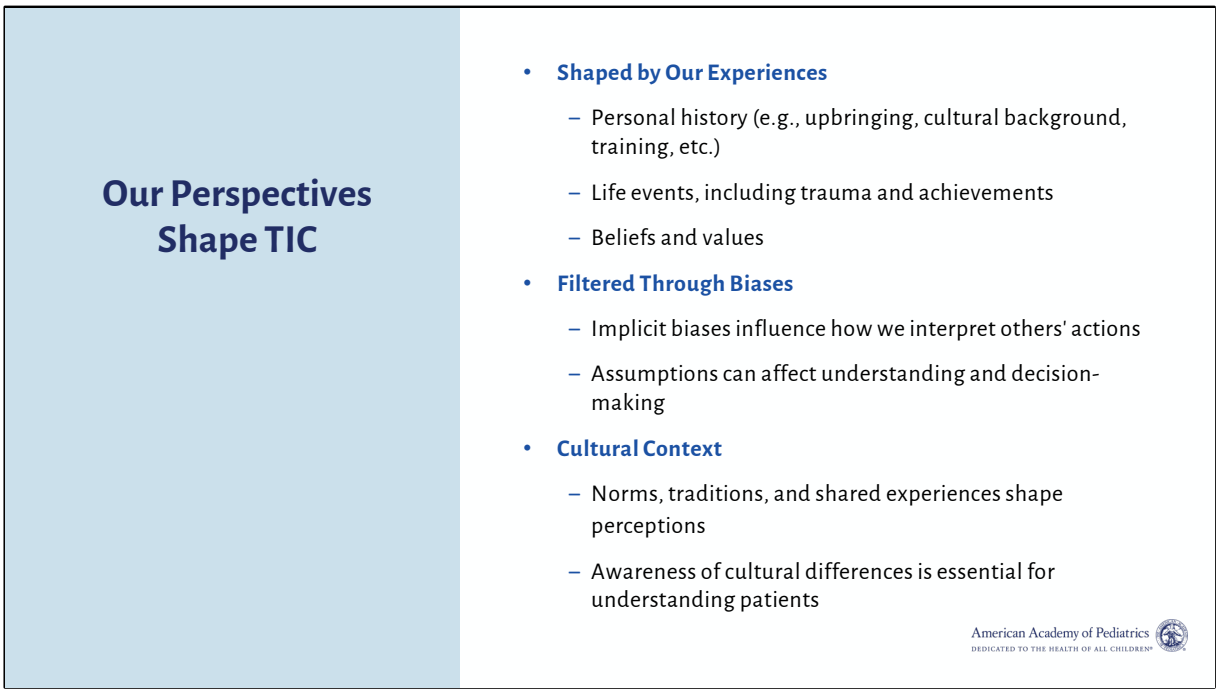
In this training, we explore how trauma-informed care is relational care that is emotionally and psychologically safe, resilience promoting, culturally humble, trauma aware and responsive, anti-racist, biases aware, and strives to understand the context of people's lives and how to partner with them to promote healing.



Our approach to trauma-informed care is shaped by our own perspectives, which are influenced by a variety of factors.

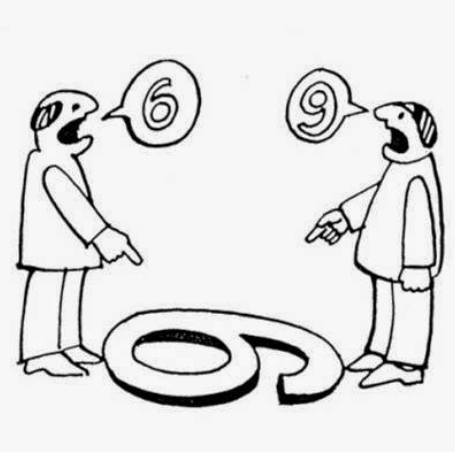
First, **our personal history** plays a significant role. This includes our upbringing, cultural background, and professional training. The life events we've experienced—whether traumatic or personal achievements—also shape how we see and interact with others. Our **beliefs and values** further inform our approach to care and interactions with patients and families.

However, it's important to recognize that our perspectives are **filtered through biases**. Implicit biases, for example, can influence how we interpret others' actions, even without us realizing it. These biases and assumptions can affect our understanding and decision-making, which is why self-awareness is so important.

Finally, we must consider the **cultural context** in which both we and our patients exist. Cultural norms, traditions, and shared experiences shape how we perceive the world and interact with others. Being aware of and sensitive to **cultural differences** is essential for truly understanding and connecting with our patients, ensuring that care is respectful and inclusive.

“We don’t see things as they are. We see things how we are.”

- Anais Nin, writer and essayist



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Essentially, we don’t see things as they are. We see things as we are!

TIC is Cultural Humility

- "A lifelong process of self-reflection and self-critique whereby the individual not only learns about another's culture, but one starts with an examination of her/his own beliefs and cultural identities." -National Institutes of Health (NIH)
- A recognition that we cannot fully understand or know everything about another's cultural experiences.
- Strive to understand the culture and context of another person's life
- Cultural awareness shapes care and treatment

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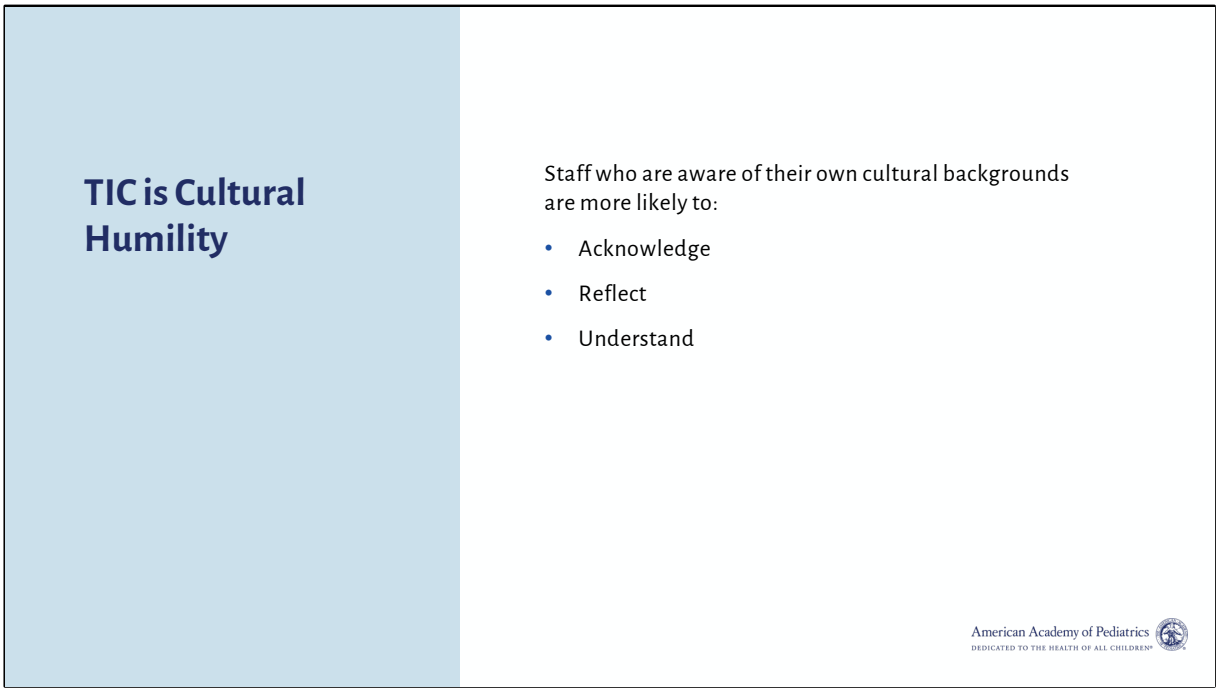
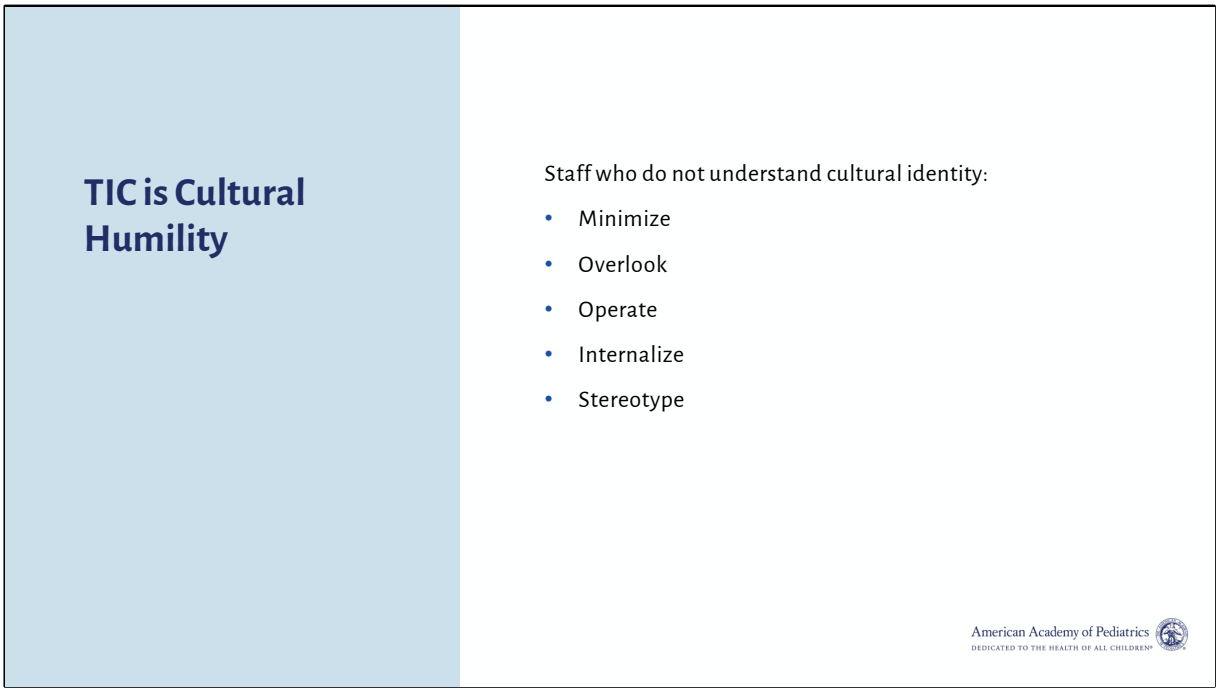
Cultural humility is a recognition that we cannot fully understand or know everything about another's cultural experiences. It involves a process of self-reflection and self-critique whereby we learn about another's culture, starting with an examination of our own beliefs and cultural identities. As providers, our cultural awareness—or lack thereof—can significantly shape the care we provide. Let's briefly explore the differences between those who are culturally aware and those who are not.

SAMHSA (2016) Improving Cultural Competence, Number 59 in the Treatment Improvement Protocol (TIP) series



Those who are aware of their own cultural backgrounds are more likely to **acknowledge** and explore how culture influences the patient–provider relationship. They **reflect** on how their personal beliefs, experiences, and biases shape their own perceptions of normal and abnormal behavior. In turn, they **understand** how their patient's cultural identity impacts their relationships, presenting problems, and progress in treatment.

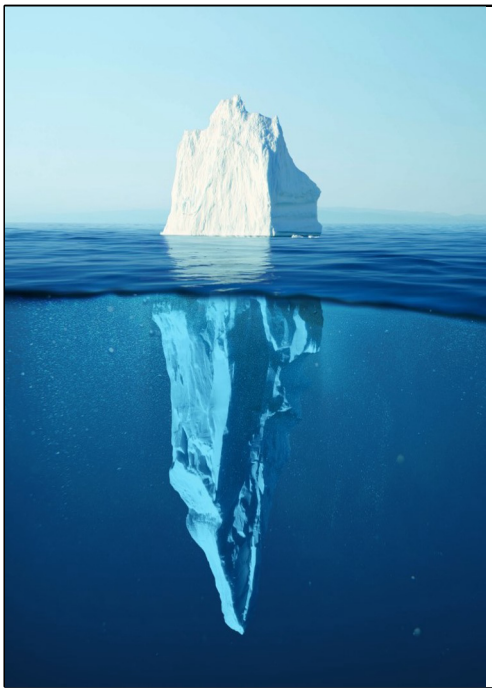
SAMHSA (2016) Improving Cultural Competence, Number 59 in the Treatment Improvement Protocol (TIP) series



On the other hand, those who do not understand cultural identity may: **Minimize** the importance of cultural experiences in care and treatment; **Overlook** cultural needs and fail to provide appropriate treatment; **Operate** from a position of superiority, misinterpreting resistance as pathology; **Internalize** patient reactions, making it difficult to maintain objectivity; and View patient behavior through the lens of societal biases or **stereotypes**.

In summary, cultural awareness is essential to providing ethical, effective, and trauma-informed care. By engaging in self-reflection and continuous learning, we can foster stronger, more meaningful relationships.

SAMHSA (2016) Improving Cultural Competence, Number 59 in the Treatment Improvement Protocol (TIP) series



Why does TIC matter in the clinic setting?

- **We do not know what any person is carrying with them. What we see is only the tip of the iceberg.**
  - Every patient and family carries unique histories, challenges, and cultural experiences that shape their perspectives.
  - Past trauma, loss, or unseen burdens can influence interactions and care experiences.
  - Medical trauma adds another layer of stress, particularly for children with complex medical needs.
- **Understanding trauma, stress response systems, and their lifelong impact is essential for patient care.**
- **By acknowledging these factors, we can build stronger, more supportive relationships between patients, families, and the care team.**

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TIC matters in the hospital setting because a patient's outward presentation including their behavior, distress, and medical needs are just the tip of the iceberg. Hidden factors such as past trauma, loss, stress, unseen burdens, and cultural experiences lie beneath. These hidden factors can influence interactions with you - the medical team - and the patient's experience of their care. Medical trauma adds another layer of stress, particularly for children with complex medical needs. Understanding trauma, adverse childhood experiences, stress response systems, and their lifelong impact is essential for patient care. By acknowledging these factors, we can build stronger, more supportive relationships between patients, families, and the care team.

Definition of Trauma

- "Individual trauma results from an **event**, **series of events**, or **set of circumstances** that is **experienced** by an individual as physically or emotionally harmful or life threatening and that has potentially lasting adverse **effects** on the individual's functioning and mental, physical, social, emotional, or spiritual well-being."
- Trauma is personal.
- Ripple effects extend beyond the individual.
- Responses to trauma are shaped by genetics, culture, resilience, and support systems.

Substance Abuse and Mental Health Services Administration, 2014

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Since we are talking about trauma-informed care, we need to be on the same page about how trauma is defined. Here is the definition of trauma as defined by national organizations and professional societies: "Individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being."

Trauma is personal—its impact varies for everyone. Responses to trauma are shaped by genetics, culture, resilience, and support systems. When an individual has been traumatized, their stress response has a ripple effect on far reaching aspects of their life and wellbeing that extends beyond them as an individual - influencing their family, community, and healthcare interactions. These effects can last a lifetime if we don't intervene.

Reference: Substance Abuse and Mental Health Services Administration. SAMHSA's concept of trauma and guidance for a trauma-informed approach. HHS Publication No. (SMA) 14-4884. Rockville, MD: Substance Abuse and Mental Health Services Administration; 2014. Accessed July 29, 2024. https://ncsacw.samhsa.gov/userfiles/files/SAMHSA_Trauma.pdf

Not every hospitalization or encounter with the medical system is traumatic…

- Resilience factors and relationships act as buffers.
- With protective factors, patients may not experience their hospitalization as "traumatic."
- However, since we do not know this personal level of insight with every patient, we practice TIC as good care for everyone.
  - The delivery of TIC ensures that each encounter with a patient will not be the one that leaves them feeling stressed or worse, traumatized.
  - For patients who are traumatized, receiving care that is trauma-informed can be a restorative experience.

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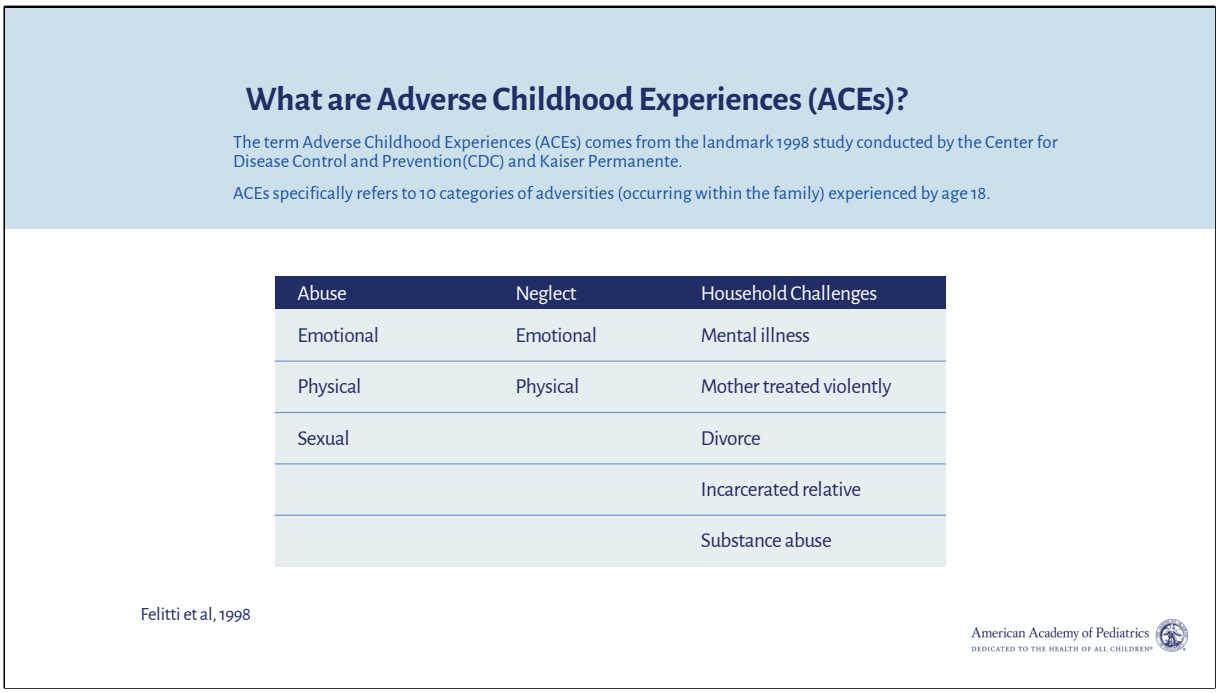
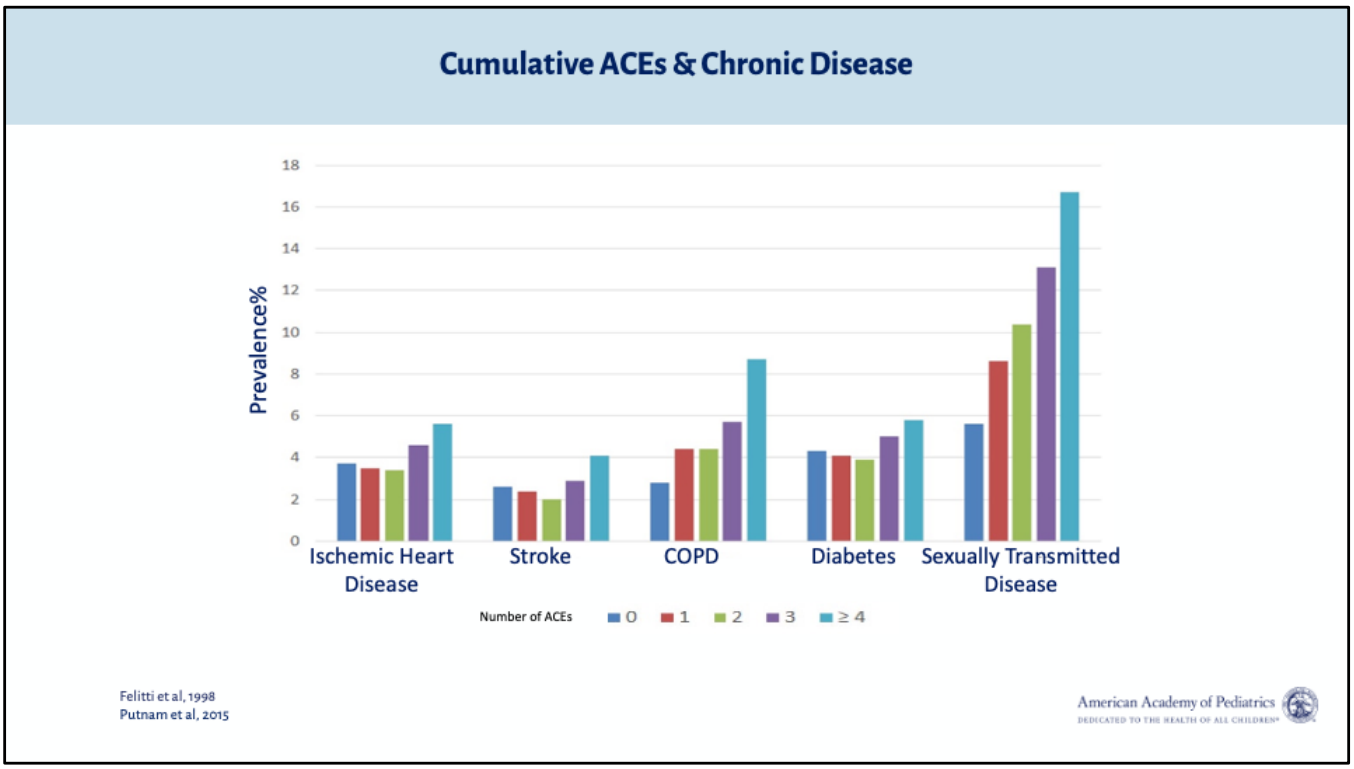
Not every hospitalization or encounter with the medical system has to be experienced as traumatic. When patients have had generally positive and supportive encounters with the medical system, have a strong support system, have not previously experienced a life-threatening event or significant childhood adversity, and don't have extensive burden by being hospitalized, they may not experience their hospitalization as "traumatic." However, since we don't always know a patient's past experiences, trauma-informed care is essential for everyone. TIC ensures that each encounter is supportive rather than stressful, and for those with trauma, it can serve as a healing experience.



One subset of trauma is adverse childhood experiences or "ACEs". The ACEs are stressors or traumas that occur inside the family. The term ACEs comes from the original study that was conducted by Kaiser Permanente and the CDC in the 1990s. This study surveyed over 17,000 adult patients, mostly white and middle class, with an average age 65 years from Southern California—this cohort was considered a low-risk SES population. The adult patients filled out confidential surveys regarding their childhood experiences and current health status and behaviors.

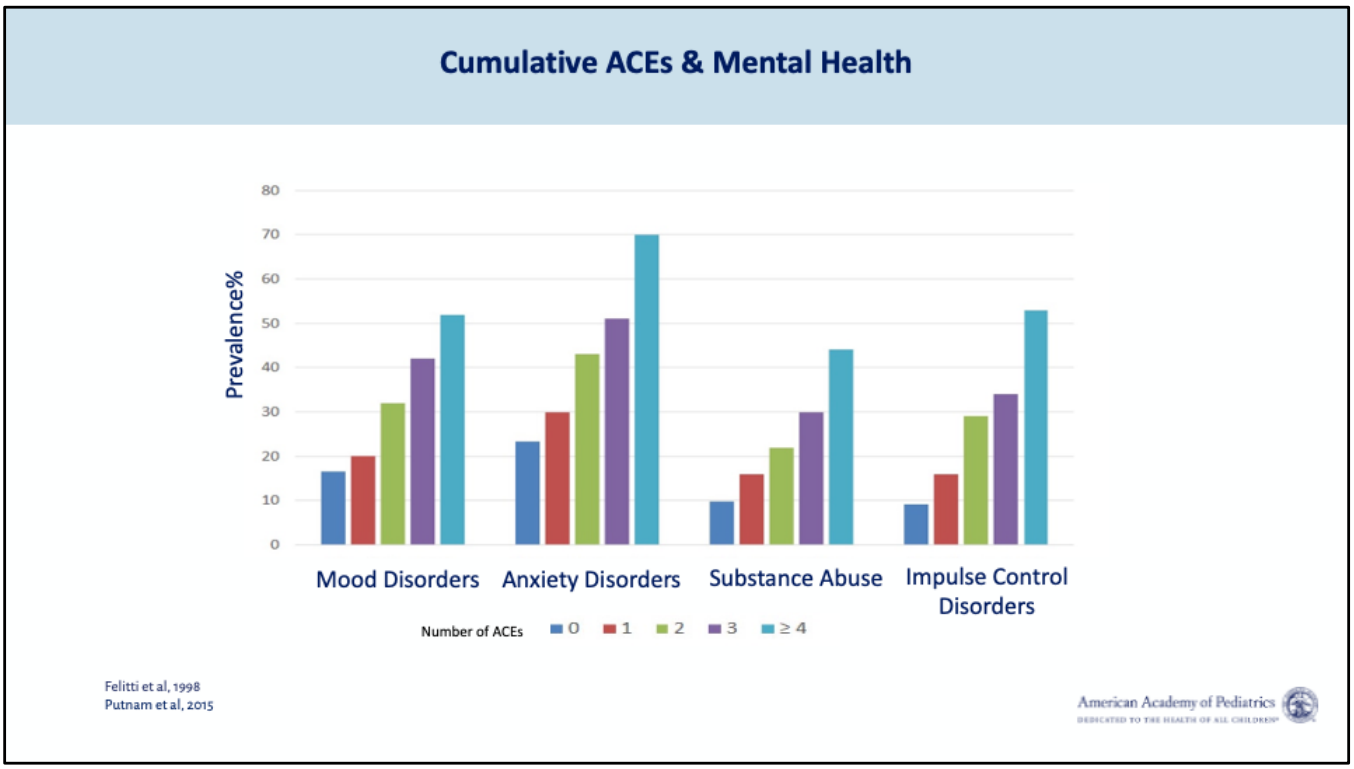
Here are the original 10 ACEs that were looked at in the study. They included abuse and neglect, and household challenges in which there might have been a parent with mental illness, substance dependence, violence, conflict, or incarceration. Notably, the ACEs occur inside the family, disrupting the child's home and relationships - the place and people who are supposed to be a child's safe harbor in life.

Reference: Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., Koss, M. P., & Marks, J. S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults. The Adverse Childhood Experiences (ACE) Study. American journal of preventive medicine, 14(4), 245–258. https://doi.org/10.1016/s0749-3797(98)00017-8



This graph demonstrates the impact of 10 original cumulative ACEs on key health conditions in adulthood for the low-risk population the ACE study surveyed. The graph does not include all conditions studied. Other studies on different populations have confirmed the results of the original study: that as the number of ACEs in childhood increased in a population, there was an increased risk of developing poor physical health, mental health, and social conditions in adulthood The original authors studied obesity, which showed a similar pattern as did certain types of cancer. Higher ACE burden was also associated with more high-risk behaviors, reflected here in the high rate of sexually transmitted infections as number of ACEs increased, but the same was true of substance use, alcoholism, and tobacco use.

Reference: Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., Koss, M. P., & Marks, J. S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults. The Adverse Childhood Experiences (ACE) Study. American journal of preventive medicine, 14(4), 245–258. https://doi.org/10.1016/s0749-3797(98)00017-8
Putnam FW, Harris W, Lieberman A, Putnam K, Amaya-Jackson L. Childhood adversity narratives. Published 2015. Available at: http://www.canarratives.org. Accessed July 29, 2024.
Received permission to use slide: https://www.istss.org/education-research/traumatic-stresspoints/2015-august/canarratives-org-a-childhood-adversity-public-educ.aspx



The authors found a similar relationship between a high burden of childhood adversities and mental health outcomes in adulthood. This graph shows the association of cumulative ACEs with key mental health conditions in adulthood, but it does not include all conditions affected. Once again, as the burden of childhood adversity in a population increases, the risk of poor mental health outcomes increases in adulthood. Suicide rates and early mortality from a variety of causes, including illness and injuries, also increased.

Reference: Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., Koss, M. P., & Marks, J. S. (1998). Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults. The Adverse Childhood Experiences (ACE) Study. American journal of preventive medicine, 14(4), 245–258. https://doi.org/10.1016/s0749-3797(98)00017-8
Putnam, F. W., Harris, W., Lieberman, A., Putnam, K., & Amaya-Jackson, L. (2015). Childhood adversity narratives. Retrieved from http://www.canarratives.org
Received permission to use slide: https://www.istss.org/education-research/traumatic-stresspoints/2015-august/canarratives-org-a-childhood-adversity-public-educ.aspx

Many types of traumatic experiences can affect well-being

Other ACEs		
Felt racism or discrimination	Loss of a loved one	Serious medical illness
Being bullied	Abandonment	Human-made or natural disasters
Living in dire poverty	Accidents	Witnessing violence
Significant community violence	Unhoused	Terrorism
Family disruption, especially unexpected	Frequent moves	Refugee and war zone trauma
Foster care (marker for ACEs, uncertainty, disruption of caregiver-child relationship, lack of a safe, stable nurturing relationship, etc.)		

Finkelhor et al, 2015

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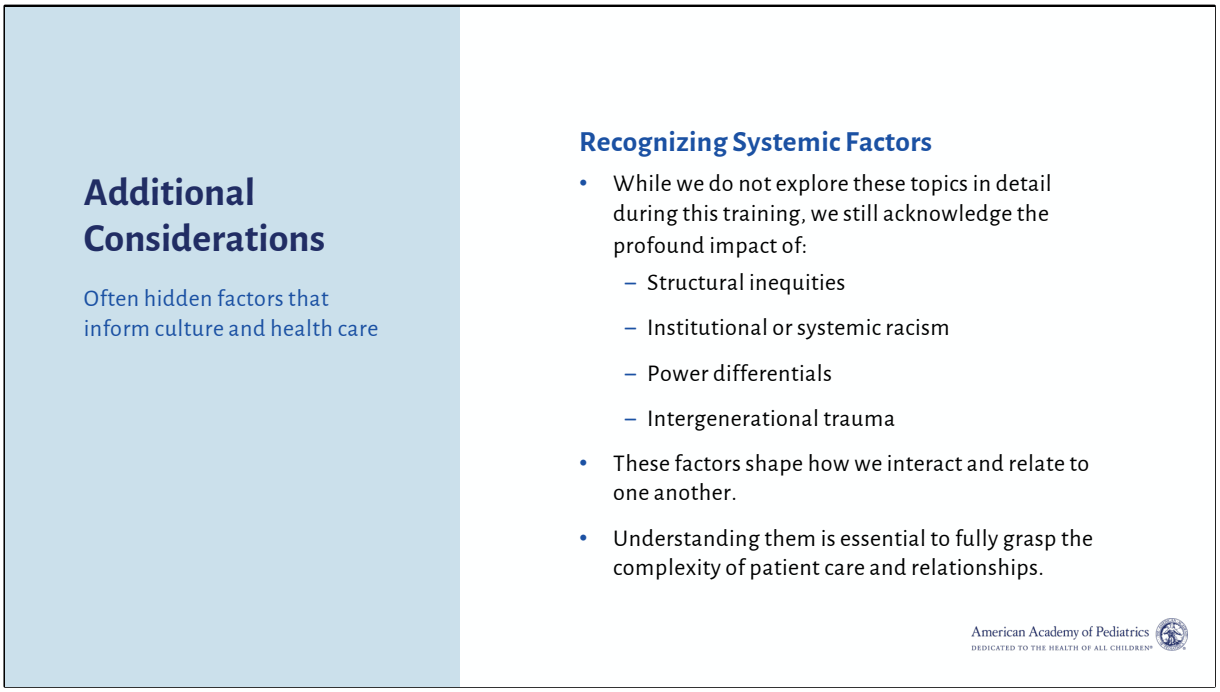
The original 10 ACEs are not the only adversities or trauma that can lead to poor health outcomes. Some experts call these external problems, examples listed on this slide, other ACEs.

Reference: Finkelhor D, Shattuck A, Turner H, Hamby S. A revised inventory of adverse childhood experiences. Child Abuse Negl. 2015;48:13-21. doi:10.1016/j.chiabu.2015.07.011



There are other hidden factors that inform culture and impact health care including structural inequalities, institutional and systemic racism, power differentials, and intergenerational trauma. We call these factors "hidden" because we are often not consciously aware of or explicitly addressing them. These factors are broader, and not specific to any one individual's behavior, rather they are reflective of the larger system. Although we do not explore these topics in detail during this training, it is important to highlight how these factors shape how we think about ourselves, interact with and relate to each other, to our patients, and the system within which we work and provide care.

So, across a population, a high ACE burden can result in increased physical and mental health problems, risky behaviors, injuries, infectious diseases, poorer maternal health, and earlier mortality.

References:

Hughes K, Bellis MA, Hardcastle KA, et al. The effect of multiple adverse childhood experiences on health: A systematic review and meta-analysis. Lancet Public Health. 2017;2

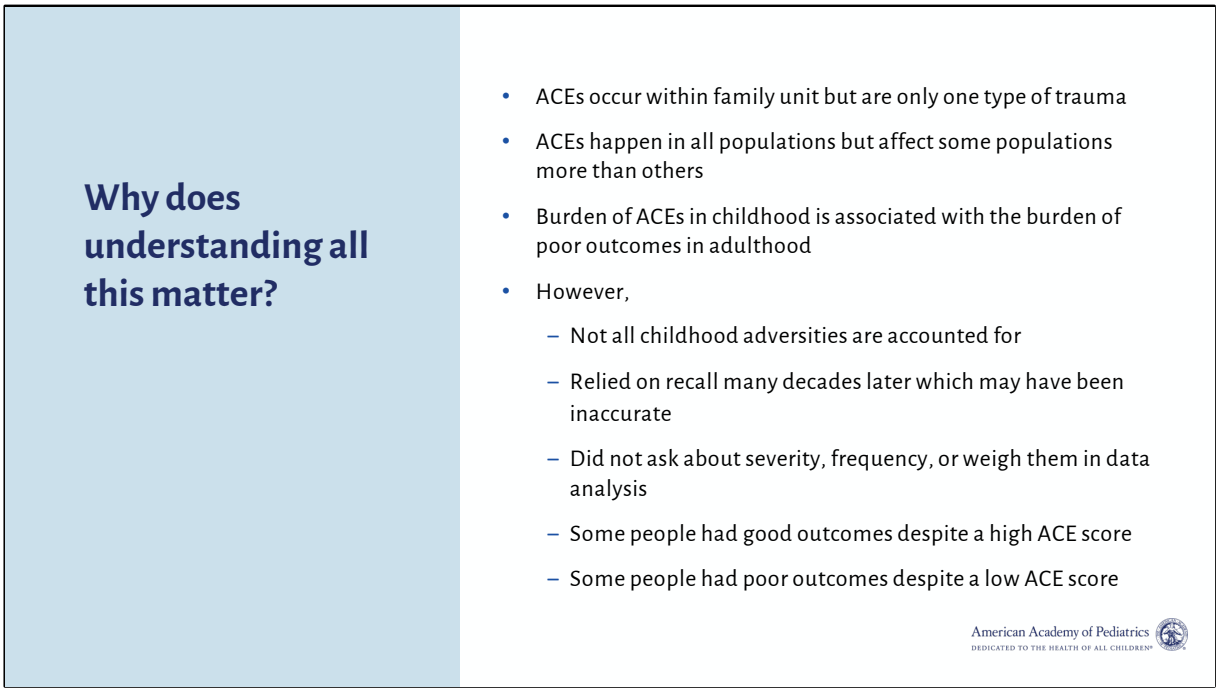
Petruccelli K, Davis J, Berman T. Adverse childhood experiences and associated health outcomes: A systematic review and meta-analysis. Child Abuse Negl. 2019;97:104127.

Center for Youth Wellness. A hidden crisis: Findings on adverse childhood experiences in California. Published 2014. Accessed July 29, 2024.

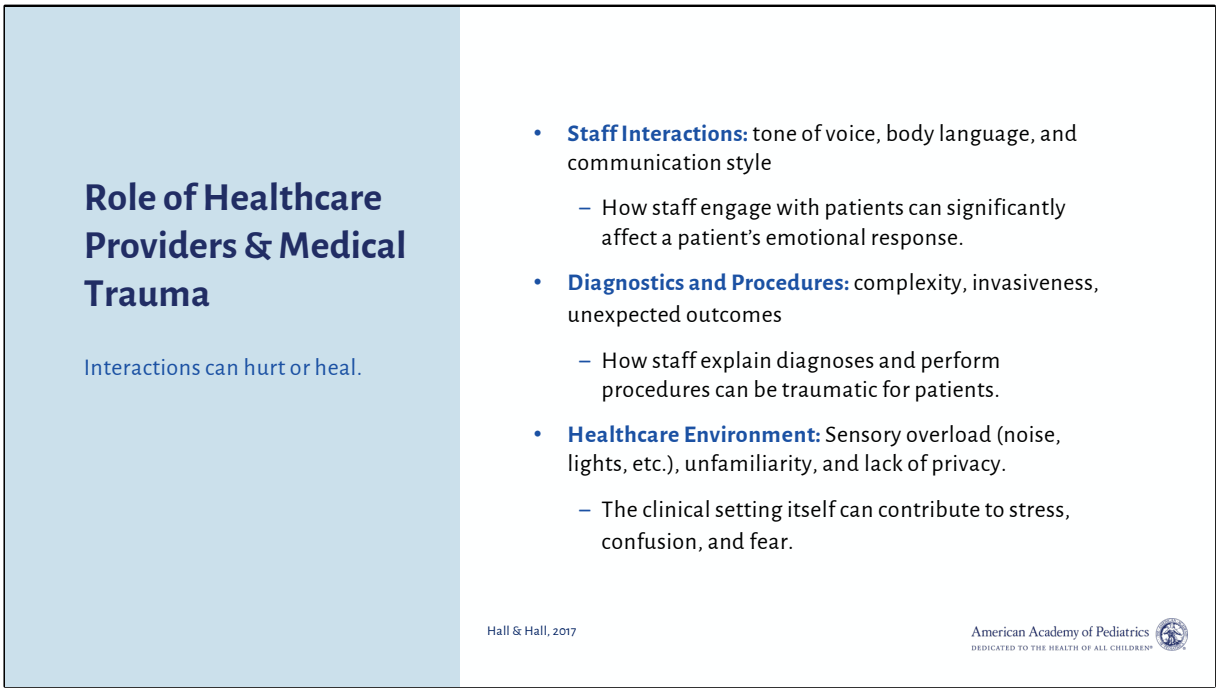
Merrick MT, Ford DC, Ports KA, et al. Vital signs: Estimated proportion of adult health problems attributable to adverse childhood experiences and implications for prevention—25 states, 2015–2017. MMWR Morb Mortal Wkly Rep. 2019;68. doi:10.15585/mmwr.mm6844e1

National Center for Injury Prevention and Control, Division of Violence Prevention. About the CDC - Kaiser ACE Study. Accessed July 29, 2024. https://www.cdc.gov/violenceprevention/aces/about.html

Bhushan D, Kotz K, McCall J, et al. Roadmap for resilience: The California Surgeon General's report on adverse childhood experiences, toxic stress, and health. Office of the California Surgeon General; 2020. doi:10.48019/PEAM8812



Why do ACEs matter? Understanding the ACE Study and ACEs is important because of their prevalence and occurrence within families – essentially, a child's safe harbor. It turns out that nearly two-thirds of the population of adults surveyed in the original ACE Study reported experiencing at least 1 ACE, and nearly 1 in 8 reported experiencing 4 or more ACEs. In other adult populations, reported ACE burdens are even higher, such as those in minoritized populations and those living in dire poverty. Furthermore, the ACE study had its limitations. It did not account for all possible sources of trauma or adversity, and the severity and frequency of the trauma were not assessed. The ACE study was not predictive at the individual level, since some people with high ACE scores had good outcomes.



Staff interactions—tone, body language, and communication style—strongly influence a patient's emotional response and perception of safety. Diagnostics and procedures, especially complex or invasive ones, can be stressful, but clear, compassionate communication and step-by-step guidance can reduce trauma. The healthcare environment also plays a role—sensory overload, bright lights, and lack of privacy can heighten anxiety. By recognizing and addressing these factors, we can minimize medical trauma. Training staff in trauma-informed strategies improves care and outcomes, ensuring every interaction fosters trust, safety, and healing.

Hall, M. F., & Hall, S. E. (2017). *Managing the psychological impact of medical trauma: A guide for mental health and health care professionals*. Springer Publishing Company. http://site.ebrary.com/id/11233937

Consider the Affiliate Response

- We have long understood that childhood trauma can lead to negative outcomes.
- This has prompted further study into the lifelong impact of such experiences.
- Most pediatric patients and their families are resilient and do well.
- Now, we recognize that positive outcomes are possible despite significant adversity.
- The key lies in the **Affiliate Response:**
  - Caring connections that support and protect the developing child, helping to heal and safeguard even after major life challenges.

Garner et al, 2012

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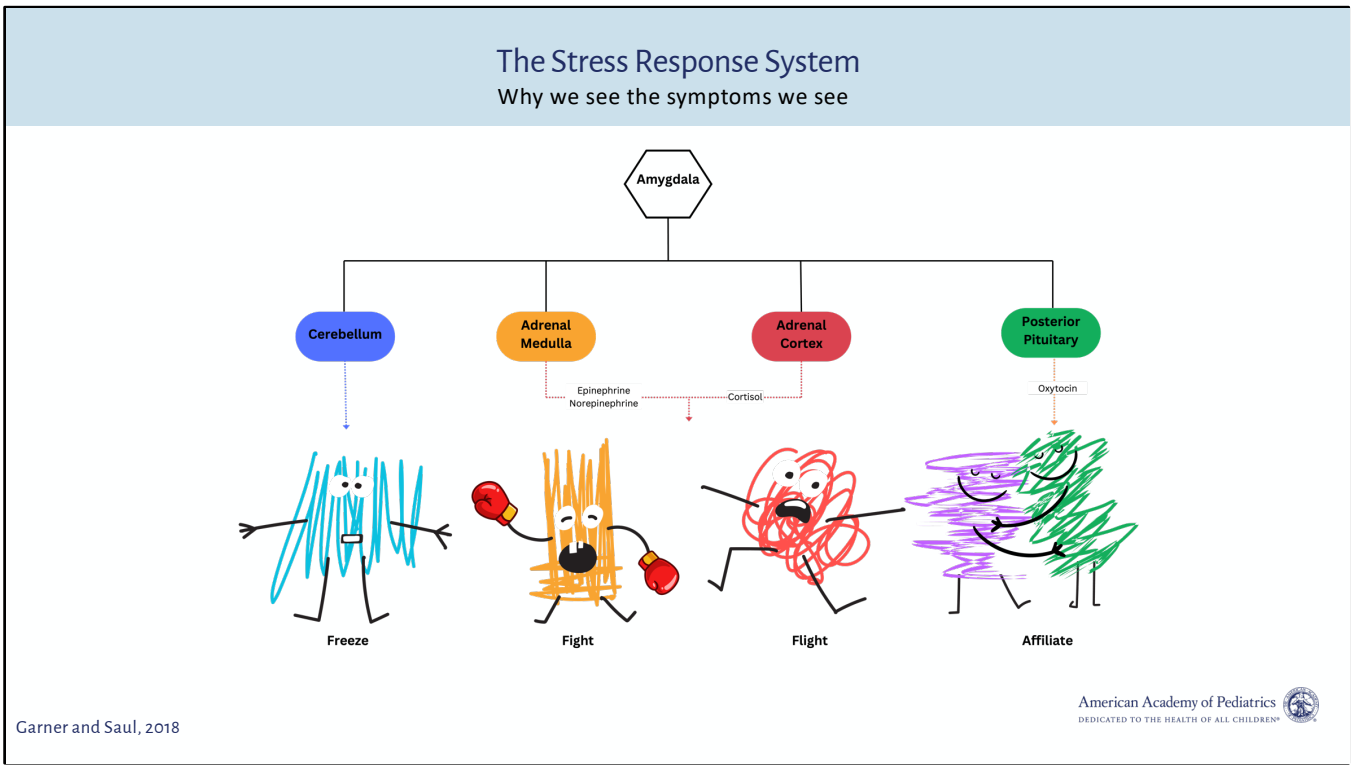
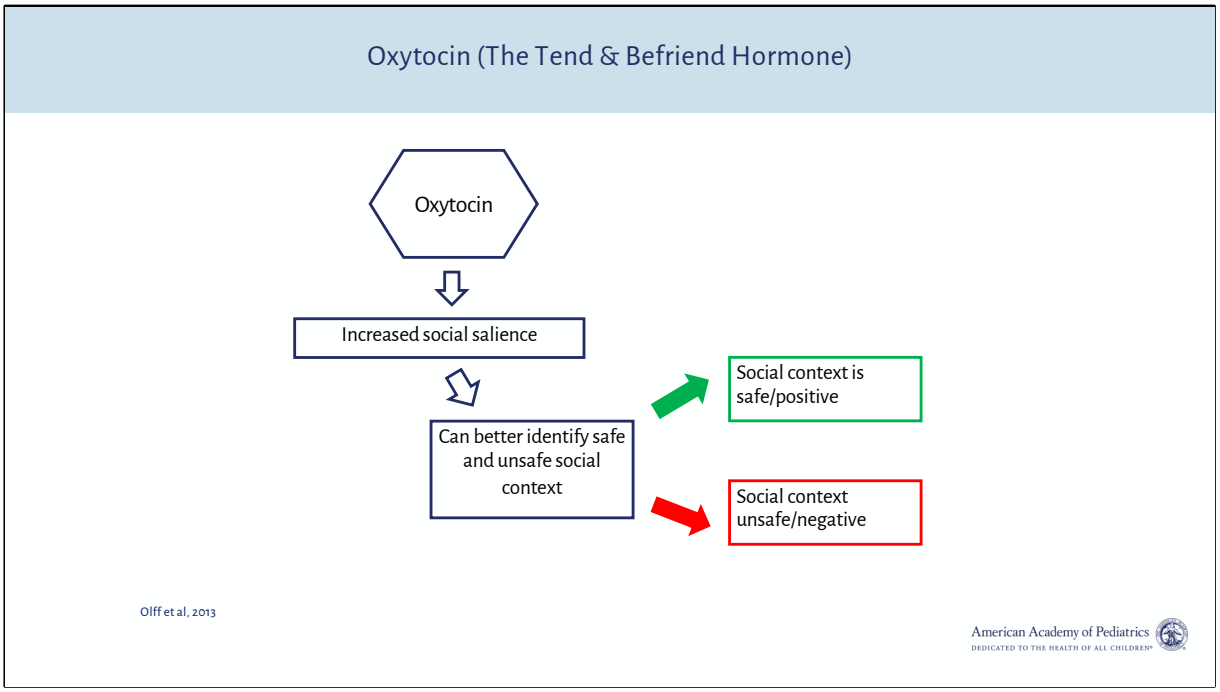
How do we explain how some children, despite the adversity they've experienced, have good outcomes, and become resilient and healthy adults? We know that adversity is not destiny, and while it is best to prevent bad things from happening to people, we also know the role that protective factors play in mitigating the effects of trauma. Nurturing relationships act as buffers between children and adverse and traumatic experiences and pave the path to them doing well despite adversity. It is ongoing support and protection that are vital for the developing child. The key lies in the Affiliate Response, or the caring connections that support and protect the developing child, helping to heal and safeguard them, even after major life changes.

Reference: Garner AS, Shonkoff JP, Siegel BS, et al. Early childhood adversity, toxic stress, and the role of the pediatrician: Translating developmental science into lifelong health. Pediatrics. 2012;129



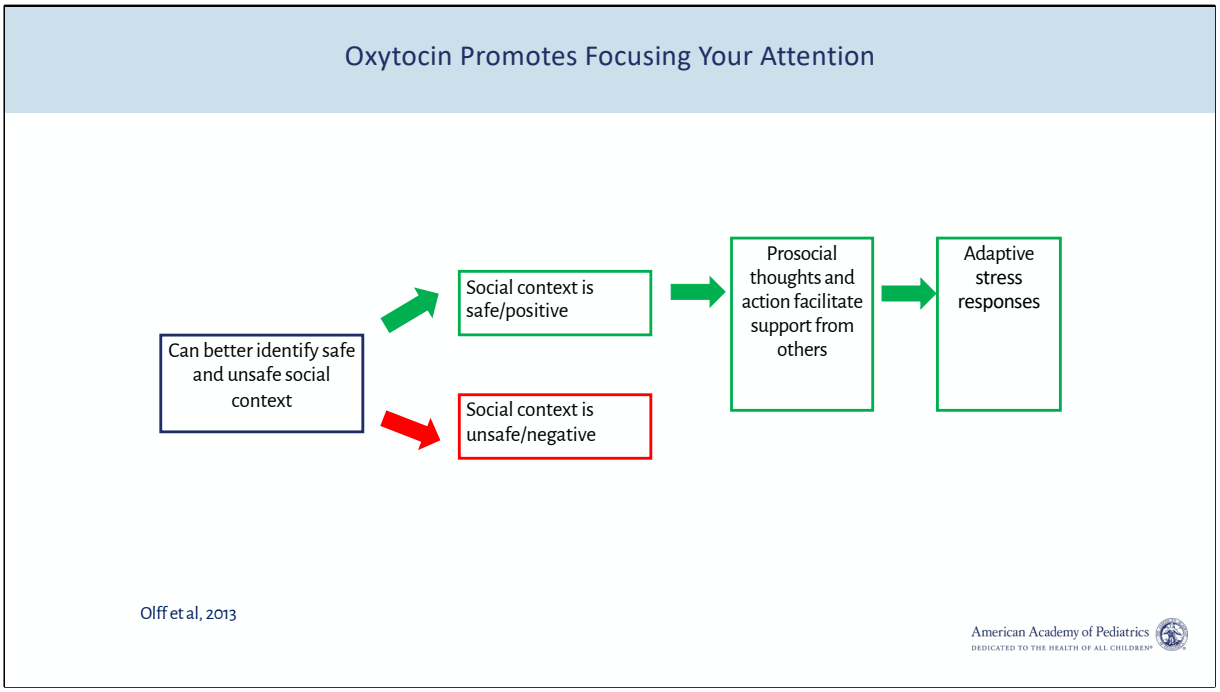
Understanding the stress response system helps us make sense of the symptoms we observe. This slide provides an overview of our neurohormonal stress response system. Everyone experiences stress, but some face extreme stressors. The human brain is wired with a built-in survival response. When danger arises, the amygdala—our internal alarm—activates within a split second, triggering an instinctual reaction. The brain quickly assesses safety, leading to the familiar **freeze, fight, or flight response**. At the same time, the posterior pituitary releases oxytocin, promoting the "tend and befriend" or **affiliate response**, which encourages social connection in times of stress.

Reference: Garner AS, Saul RA. Thinking developmentally: Nurturing wellness in childhood to promote lifelong health. American Academy of Pediatrics; 2018. doi:10.1542/9781610021531



Oxytocin is called the relationship (or tend & befriend) hormone for a reason. It increases our social salience -- our ability to read social cues & situations quickly and better identify if we are safe or unsafe.

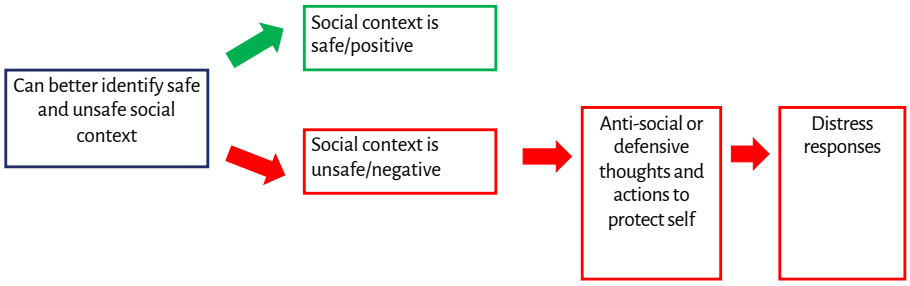
Source Adapted from: Olff M, Baflower R, Schuts H, et al. The role of oxytocin in social bonding, stress regulation and mental health: An update on the moderating effects of context and interindividual differences. Psychoneuroendocrinology. 2013;38(9):1883-1894. doi:10.1016/j.psyneuen.2013.06.019



Oxytocin helps us to focus, think, and garner support from others. It moves us to our higher brain functions, where we are more emotionally and behaviorally regulated and can think, learn, and build our adaptive responses to stress.

Source Adapted from: Olff M, Baflower R, Schuts H, et al. The role of oxytocin in social bonding, stress regulation and mental health: An update on the moderating effects of context and interindividual differences. Psychoneuroendocrinology. 2013;38(9):1883-1894. doi:10.1016/j.psyneuen.2013.06.019

What Happens When No Affiliate or Negative Social Response?



Olff et al, 2013

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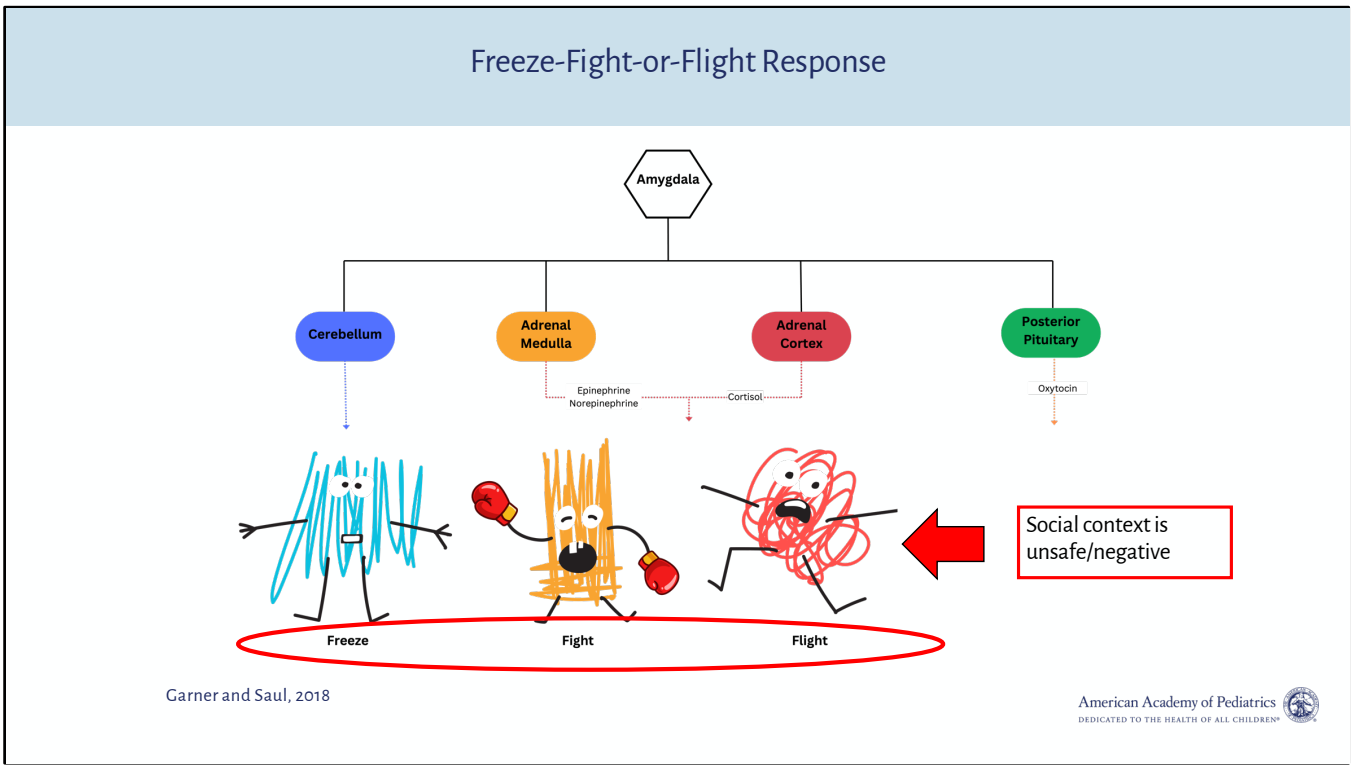
But, if when the alarm goes off, and oxytocin is released, and we realize that we have no support and are in an unsafe or negative situation, we go into…

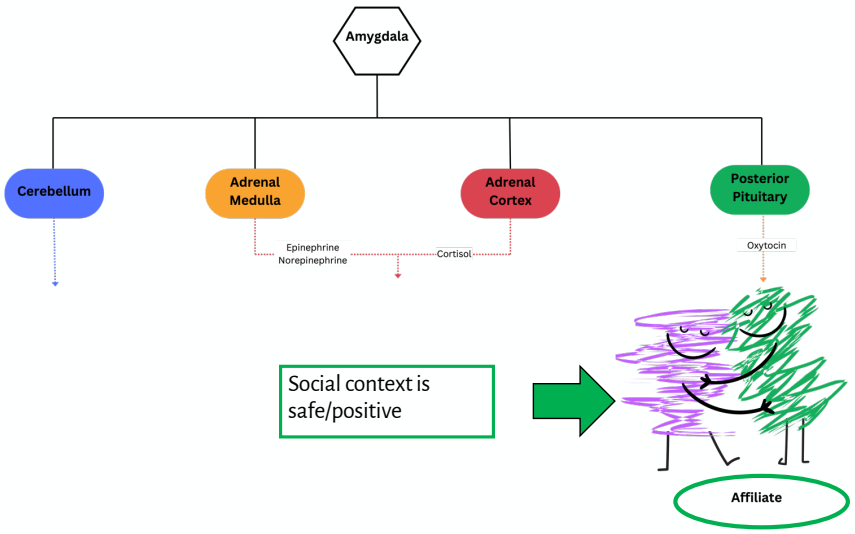
Source: Adapted from Olff M, Baflower R, Schuts H, et al. The role of oxytocin in social bonding, stress regulation and mental health: An update on the moderating effects of context and interindividual differences. Psychoneuroendocrinology. 2013;38(9):1883-1894. doi:10.1016/j.psyneuen.2013.06.019



… survival mode—or our familiar freeze, fight, or flight responses. If a child, especially a young child whose brain is rapidly developing and maturing, is repeatedly exposed to significant stress or traumatic experiences, and there are no safe, nurturing adults available to help the child cope, then the stress response becomes dysregulated. The frequent activation of the stress response system makes it overactive, and thus, no longer working properly.

Reference: Garner AS, Saul RA. Thinking developmentally: Nurturing wellness in childhood to promote lifelong health. American Academy of Pediatrics; 2018. doi:10.1542/9781610021531

The Affiliate Response



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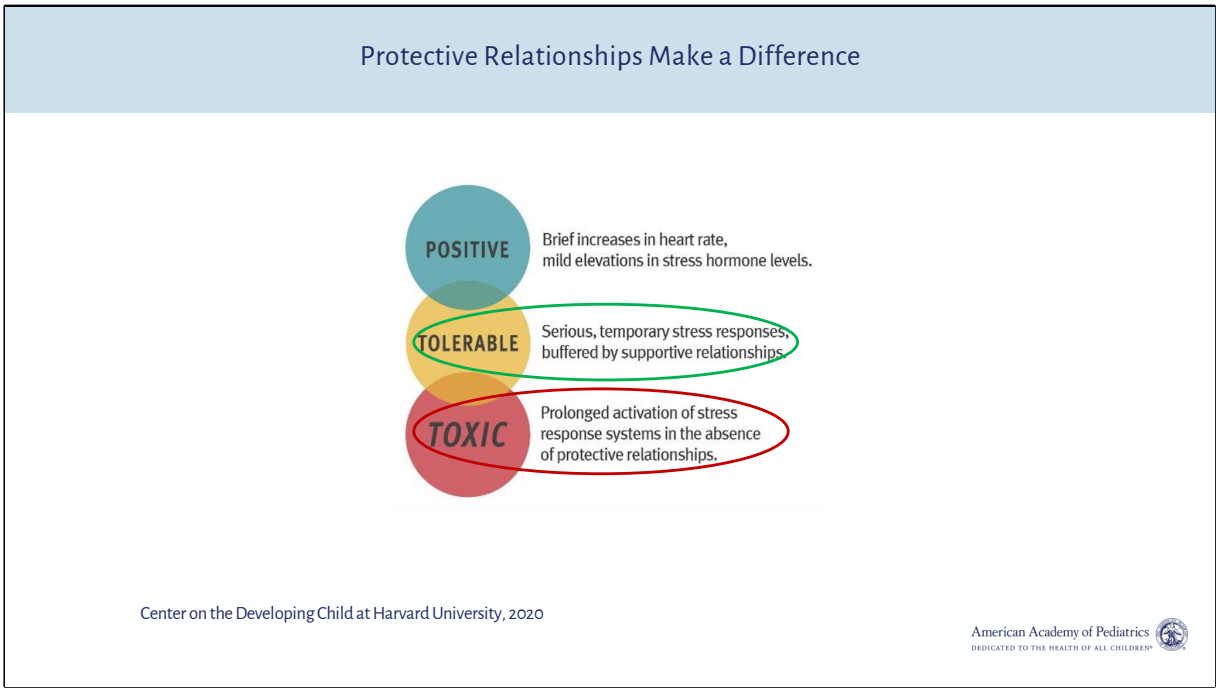
Garner and Saul, 2018

When we realize that we are physically and emotionally safe, oxytocin dampens the stress hormone responses that lead to fight-flight-or-freeze and moves us to our affiliate brain network.

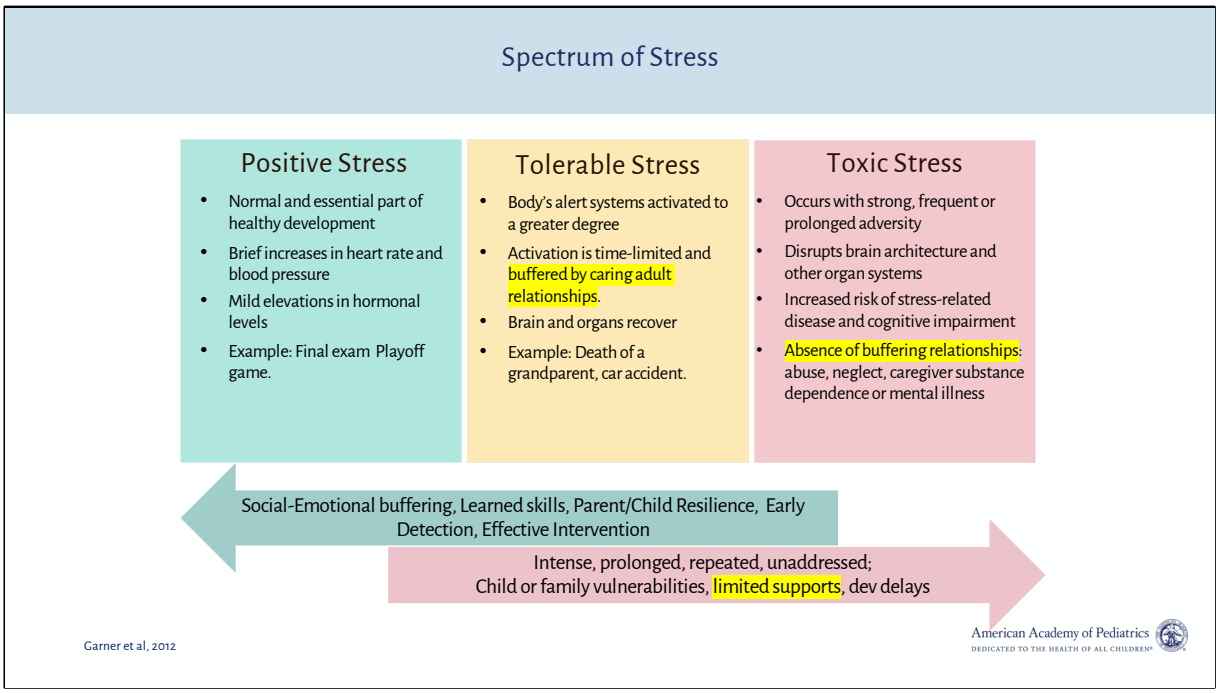
Reference: Garner AS, Saul RA. Thinking developmentally: Nurturing wellness in childhood to promote lifelong health. American Academy of Pediatrics; 2018. doi:10.1542/9781610021531



In 2012, Drs. Shonkoff and Garner published a policy statement for the American Academy of Pediatrics on Toxic Stress. They explained that the type, frequency, and severity of stressors matter, BUT the amount of protection and buffering the child has also matters.

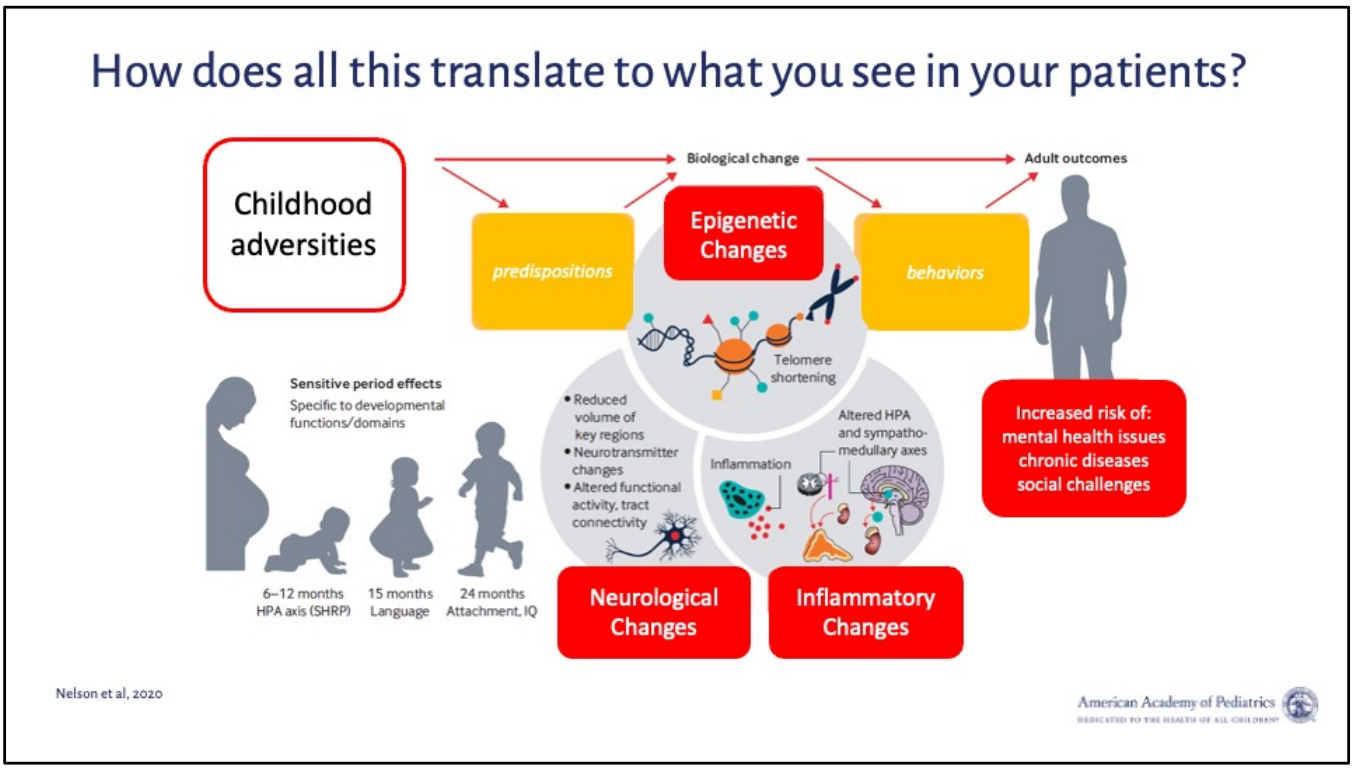
Reference:

1. Garner AS, Shonkoff JP, Siegel BS, et al. Early childhood adversity, toxic stress, and the role of the pediatrician: Translating developmental science into lifelong health. Pediatrics. 2012;129
2. Center on the Developing Child at Harvard University. Toxic stress. Published August 17, 2020. Accessed July 29, 2024. https://developingchild.harvard.edu/science/key-concepts/toxic-stress/



Let us look at the spectrum of stress. Stress can be positive, promoting learning and growth. For instance, the stress of an upcoming test can encourage studying and knowledge retention. Significant stress, such as the death of a relative, can be tolerable if a child has supportive caregivers to help them through the grief process. With relational support, elevated stress hormones can return to normal over time. However, when buffering relationships are absent, a child's stress systems remain activated, causing multiple biological changes. The original Adverse Childhood Experiences (ACEs) are particularly harmful as they betray the crucial relationships with primary caregivers essential for healthy development. External factors like racism and poverty can also erode parental well-being and reduce their empathy or responsiveness. Prolonged, intense stress responses, combined with the absence of supportive relationships, lead to the adverse outcomes associated with traumatic experiences.

Reference: Garner A, Shonkoff J, Siegel BS, et al. Early childhood adversity, toxic stress, and the role of the pediatrician: Translating developmental science into lifelong health. Pediatrics. 2012;129(1)–e231. doi:10.1542/peds.2011-2662



How does toxic stress alter our biology? How does it literally get under our skin?
The health and behavioral challenges we see in patients are often rooted in ongoing toxic stress and trauma. Research shows that chronic stress affects the body in profound ways. Toxic stress can literally get under our skin—changing how our bodies work at the genetic, brain, immune, and gut levels. Chronic stress alters gene expression, shortens telomeres, and affects brain areas tied to learning and emotion. It weakens immunity, increases inflammation, and even disrupts the gut microbiome. These biological changes help explain why childhood trauma is linked to long-term health challenges—and why early, trauma-informed intervention is critical.

Reference: Nelson CA, Scott RD, Bhutta ZA, Harris NB, Danese A, Samara M. Adversity in childhood is linked to mental and physical health throughout life. BMJ. 2020;371. doi:10.1136/bmj.m3048

Impact across the Lifespan

- Trauma occurs during critical periods in child development with known **neurologic, immune, metabolic, endocrine, and psychosocial effects.**
- The cost of inaction in childhood -- ongoing physical, mental and behavioral health issues.

Growth delay
Cognitive delay
Sleep disruption

Asthma
Infection
Learning difficulties
Behavioral problems

Obesity
Violence, Bullying
Smoking
Teen pregnancy

Nelson et al, 2020
Oh et al, 2018
Strathearn et al, 2001
Richards and Wadsworth, 2004

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Many of the physical, mental and behavioral health issues we see in children and adults may in fact be due to the ongoing toxic stress and trauma they have experienced or are experiencing. When certain symptoms are noted in a child, we should consider whether trauma is the underlying cause. And when we hear about risk factors for trauma, we should assess for symptoms. Only when we recognize what has happened or is happening, can we help families heal.

Reference:

Nelson CA, Scott RD, Bhutta ZA, Harris NB, Danese A, Samara M. Adversity in childhood is linked to mental and physical health throughout life. BMJ. 2020;371. doi:10.1136/bmj.m3048

Oh DL, Jerman P, Silvério Marques S, Koita K, Purewal Boparai SK, Burke Harris N, Bucci M. Systematic review of pediatric health outcomes associated with childhood adversity. BMC Pediatr. 2018;18(1):83. doi:10.1186/s12887-018-1037-7

Strathearn L, Gray PH, O'Callaghan MJ, Wood DO. Childhood neglect and cognitive development in extremely low birth weight infants: A prospective study. Pediatrics. 2001;108(1):142-151. doi:10.1542/peds.108.1.142

Richards M, Wadsworth ME. Long term effects of early adversity on cognitive function. Arch Dis Child. 2004;89(10):922-927. doi:10.1136/adc.2003.032490

The THREADS of Resilience

Helps to remember the personal resilience factors:

- **T**hinking and learning brain
- **H**ope
- **R**egulation or self-control
- **E**fficacy
- **A**ttachment
- **D**evelopmental skill mastery
- **S**ocial connectedness

Forkey et al., 2021

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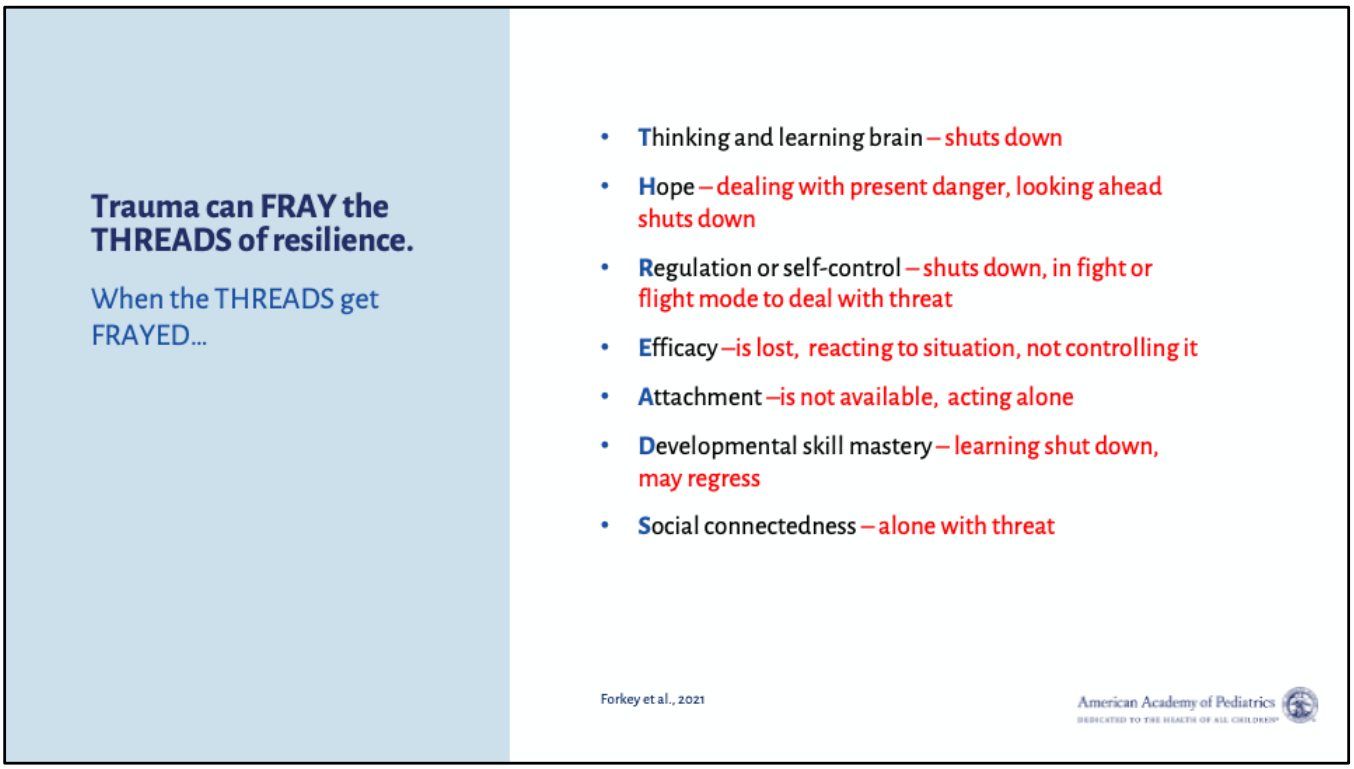
In order to recognize when something is amiss, let's first get a picture of what resilience looks like in a child. We can remember the resilience factors with the mnemonic: THREADS. THREADS stands for thinking and learning brain, hope, regulation or self-control, efficacy, attachment, developmental skill mastery, social connectedness.

Reference: Forkey HC, Griffin JL, Szilagyi M. Childhood trauma and resilience: A practical guide. American Academy of Pediatrics; 2021. Accessed July 29, 2024. https://books.google.com/books?id=TaMxzgEACAAJ



Trauma, especially in the absence of buffering relationships, can erode one's resilience. Trauma disrupts or hijacks the very brain structures that promote typical development because when faced with danger or threat, the brain prioritizes survival. The THREADS becoming unwoven, or frayed...

- The thinking part of the brain shuts down.
- All planning for the future or looking ahead is shut off to deal with the present danger.
- Regulation is turned off as we need our impulsive responses to fight or flee.
- One has no sense of being able to master or control the situation – this is about RE-acting.
- One is in this alone – there is no "We" or security in fight and flee.
- Development stops – no learning, no ability to gain skill; child may even regress.
- Threat is every person for themselves.

Reference: Forkey HC, Griffin JL, Szilagyi M. Childhood trauma and resilience: A practical guide. American Academy of Pediatrics; 2021. Accessed July 29, 2024. https://books.google.com/books?id=TaMxzgEACAAJ

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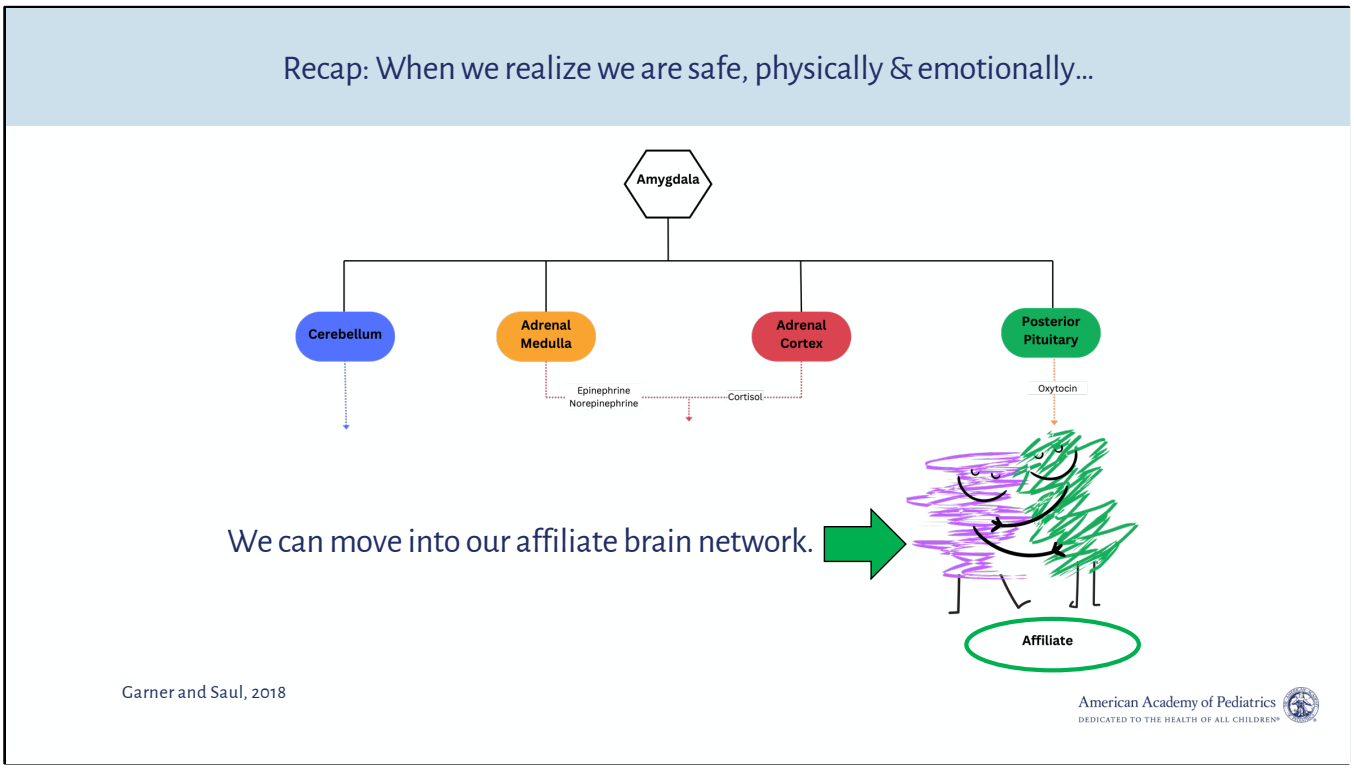
•One has no sense of being able to master or control the situation – this is about RE-acting.

•One is in this alone – there is no "We" or security in fight and flee.

•Development stops – no learning, no ability to gain skill; child may even regress.

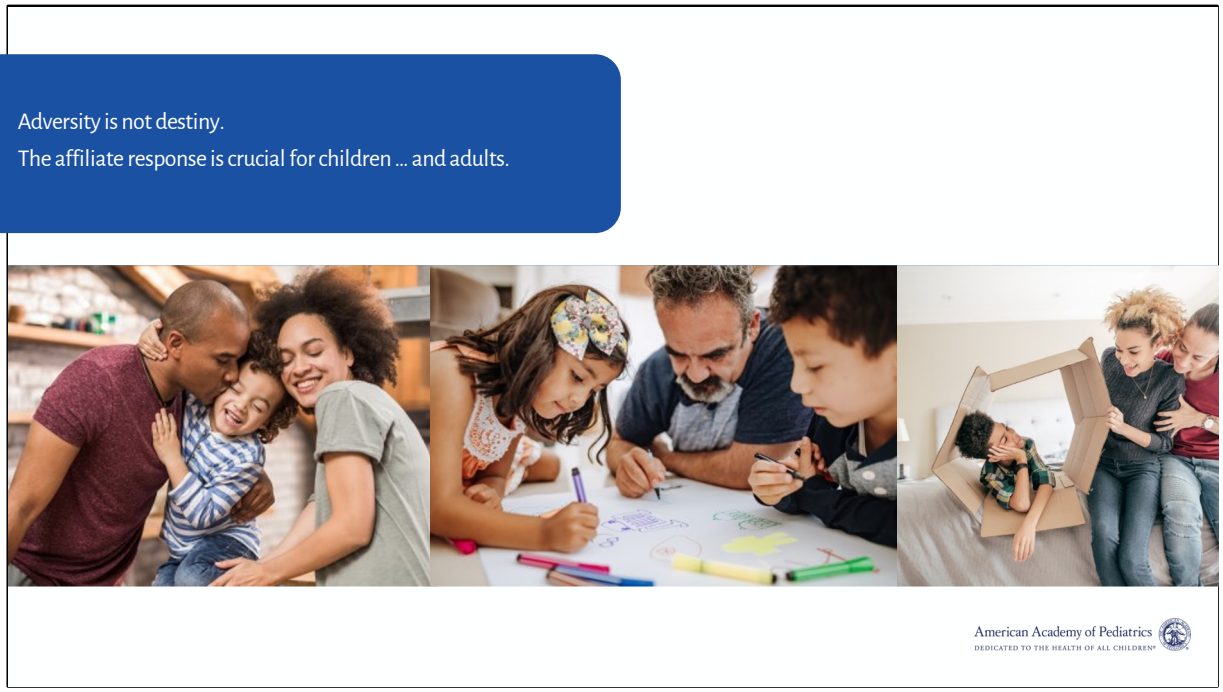
•Threat is every person for themselves.

Reference: Forkey HC, Griffin JL, Szilagyi M. Childhood trauma and resilience: A practical guide. American Academy of Pediatrics; 2021. Accessed July 29, 2024. https://books.google.com/books?id=TaMxzgEACAAJ



Again, when we achieve physical and emotional safety, oxytocin dampens the stress hormone responses and moves us to our affiliate brain network. Under threat, being able to turn to each other for support also helps to restore self-regulation and bring us back to our thinking and learning brains.

Reference: Garner AS, Saul RA. Thinking developmentally: Nurturing wellness in childhood to promote lifelong health. American Academy of Pediatrics; 2018. doi:10.1542/9781610021531



We know that adversity is not destiny. We now know a major factor that can take stress from toxic to tolerable, or tolerable to positive, is the presence of protective relationships in a child's life. They are also important in an adult's life—we must all have relationships in which we feel safe and cared for. Under threat, being able to turn to each other helps to dampen the stress response, restores our self-regulation, and brings us back to our thinking and learning brains.

This Changes Everything!

Trauma-informed relational care forms the universal foundation of effective healing.

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Addressing childhood trauma and toxic stress involves creating a sense of safety for patients and their families. This includes fostering safe, stable, nurturing relationships between caregivers and children. As professionals in the healing field, it is essential to approach every patient, family, and colleague through a trauma-informed or relational health lens. This comprehensive approach extends beyond primary care providers to encompass the entire clinic staff, from the front desk, to nursing, and to those in leadership positions. Trauma-informed relational care forms the universal foundation of effective healing.

Individual Homework: Understanding Your "Why":

- Reflect on your own experiences (positive and negative) and how they affect your life and work.
- Reflect on your own culture(s) and how they inform or influence your work and perceptions
- Reflect on why you're drawn to a specific area of work (e.g., personal connection or lived experiences).

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Understanding your "why" is a key part of cultural humility and trauma-informed care. Our personal experiences, values, and cultural backgrounds shape how we perceive and interact with others, often in ways we don't even realize. This reflection exercise is an opportunity to consider how your own journey influences your work—whether through personal connections, lived experiences, or cultural influences. By acknowledging these factors, we can approach patient care with greater self-awareness, openness, and a commitment to lifelong learning. Cultural humility isn't about having all the answers—it's about recognizing that each person's story is unique and being willing to listen, learn, and adapt.

Team Homework: Discovery Shopping

- A safe and welcoming environment is vital to providing TIC.
- Convene a small team: front desk staff, nurses, care partners, doctors, administrators, child life specialists, etc.
- Picture walking a real or imagined patient through the clinical setting.
  - What will they see, hear, and feel that makes them feel safe/unsafe, welcome/unwelcome?
- Discuss findings as a team before the next session.
- Share highlights.

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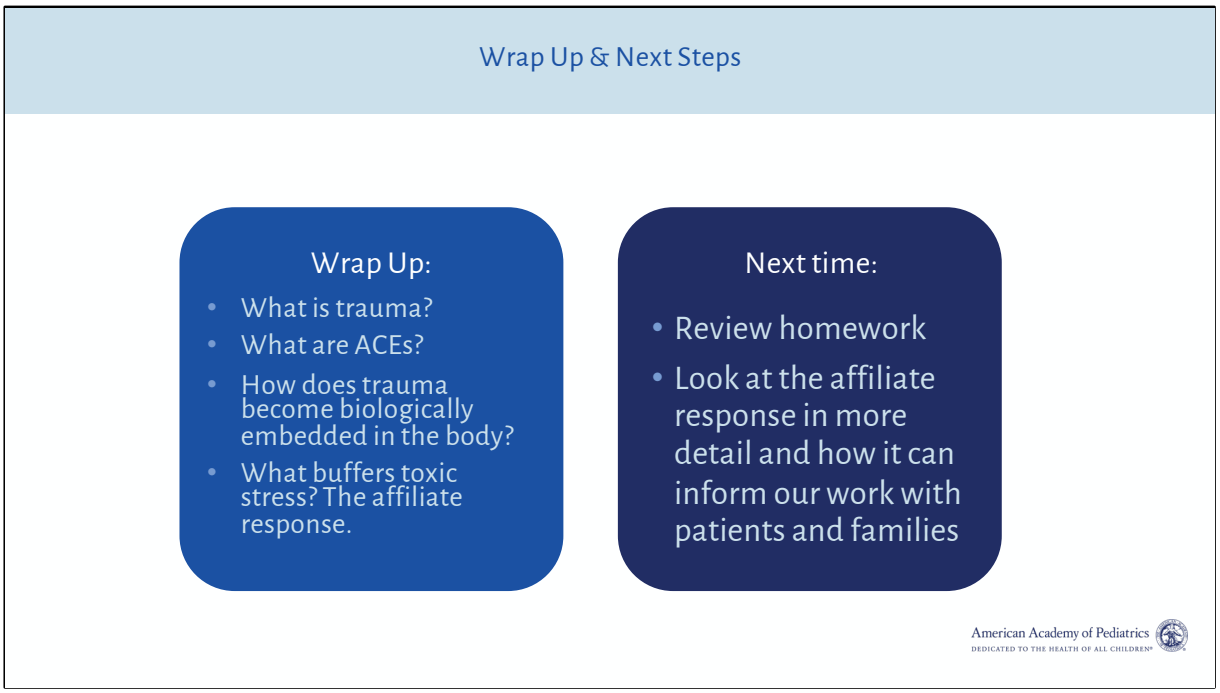
In the meantime, your team's homework is to go Discovery Shopping -- to look at where you work from the viewpoint of patient and family. Is it safe and welcoming?

Instructions: Convene a small team within your clinical setting…front desk, patient care technicians, nursing, doctors, administrators, child life specialist etc. Picture walking a real or imagined patient through the clinical setting. Discuss what you observe as a team. Select someone to summarize findings in 1-2 minutes in preparation for our next session together.



To wrap up, we covered, what is trauma, what are ACEs, how trauma becomes biologically embedded in the body, buffers to toxic stress, and the affiliate response.

In the next session, we will review homework, and look at the affiliate response in more detail.

Trauma-informed care is relational care so it is only successful if each of us who work in a pediatric clinical setting know what it is and how to do it. It is a team-based approach to care that is resilience promoting, trauma aware and responsive, culturally humble, family and child-centered, and meets people where they are. It sounds like a big task, but this is work you are probably already doing every day without realizing it. So, let's get started on this training together!

Note to users: This training was adapted from the American Academy of Pediatrics (AAP) Pediatric Approach to Trauma, Treatment, and Resilience (PATTeR) project.

Faculty Involved in Training Development

Christine Thang, MD, FAAP

Assistant Professor of Pediatrics

Division of General Pediatrics

University of California Los Angeles

Samantha Kucaj, PsyD

Clinical Psychologist

Division of Developmental and Behavioral Pediatrics

University of California Los Angeles

Moira Szilagyi, MD, PhD, FAAP

Professor of Pediatrics

Division of General Pediatrics

University of California Los Angeles

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This training was developed by the following faculty.

Acknowledgements about Training Development

This training is supported by funding from the Centers for Disease Control and Prevention Center for State, Tribal, Local, and Territorial Support as part of an award to the American Academy of Pediatrics. The content is that of the authors and does not necessarily represent the official views of, nor an endorsement, by, the CDC or the U.S. Government. The Centers for Disease Control and Prevention had no role in the development, design or delivery the curriculum. The information and opinions expressed are solely those opinions of the study authors.

Training content has been adapted and expanded from the Pediatric Approach to Trauma, Treatment, and Resilience (PATTeR) project that was a collaborative effort among the American Academy of Pediatrics, the Department of Pediatrics at the University of California Los Angeles (UCLA, PI: Dr. Moira Szilagyi) and the University of Massachusetts (UMass, PI: Dr. Heather Forkey). Initial iterations of this content were supported by funding from the Substance Abuse and Mental Health Services Administration (SAMHSA): National Child Traumatic Stress Initiative – Category II: Pediatric Approach to Trauma, Treatment and Resilience project, grant #1U79SM080001-01. The content in this training does not represent the official views of, nor an endorsement by SAMSHA.

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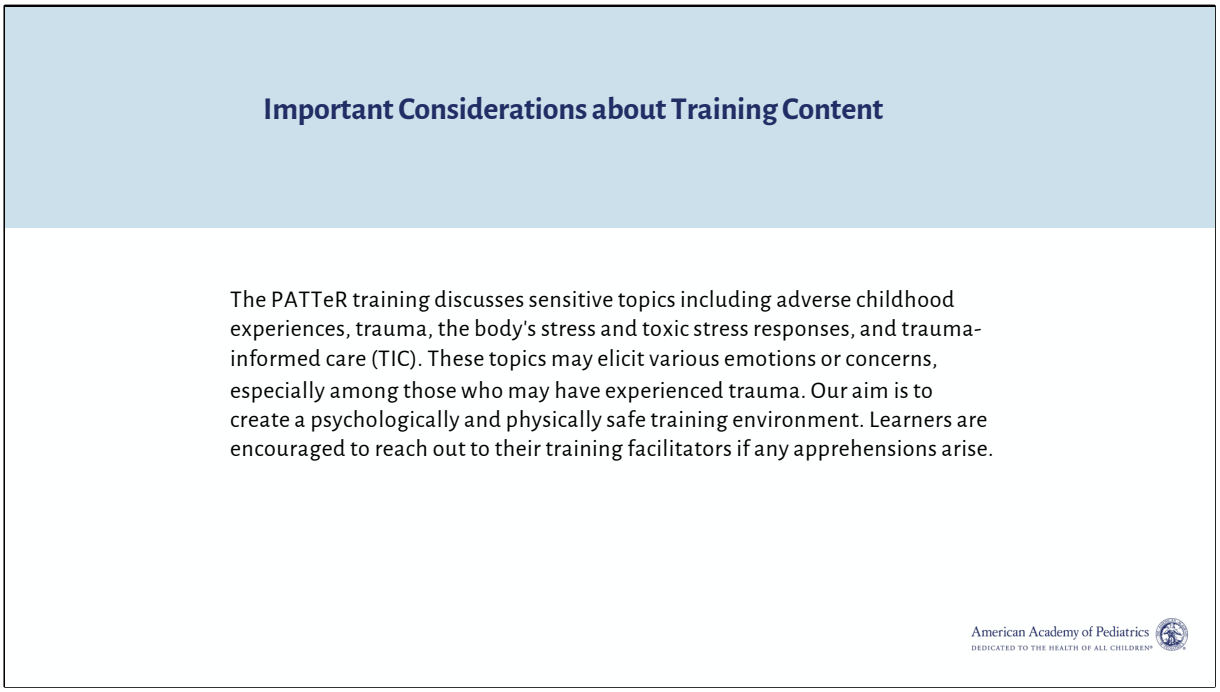
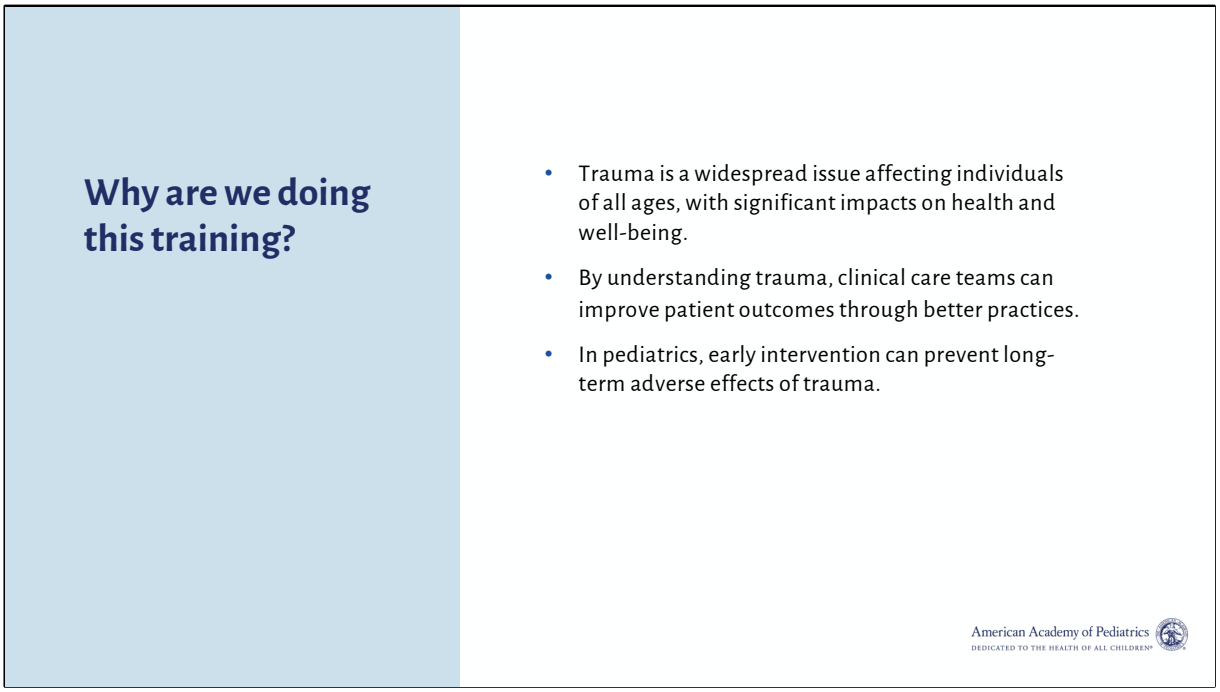
We acknowledge the following funding sources for the development of this training.

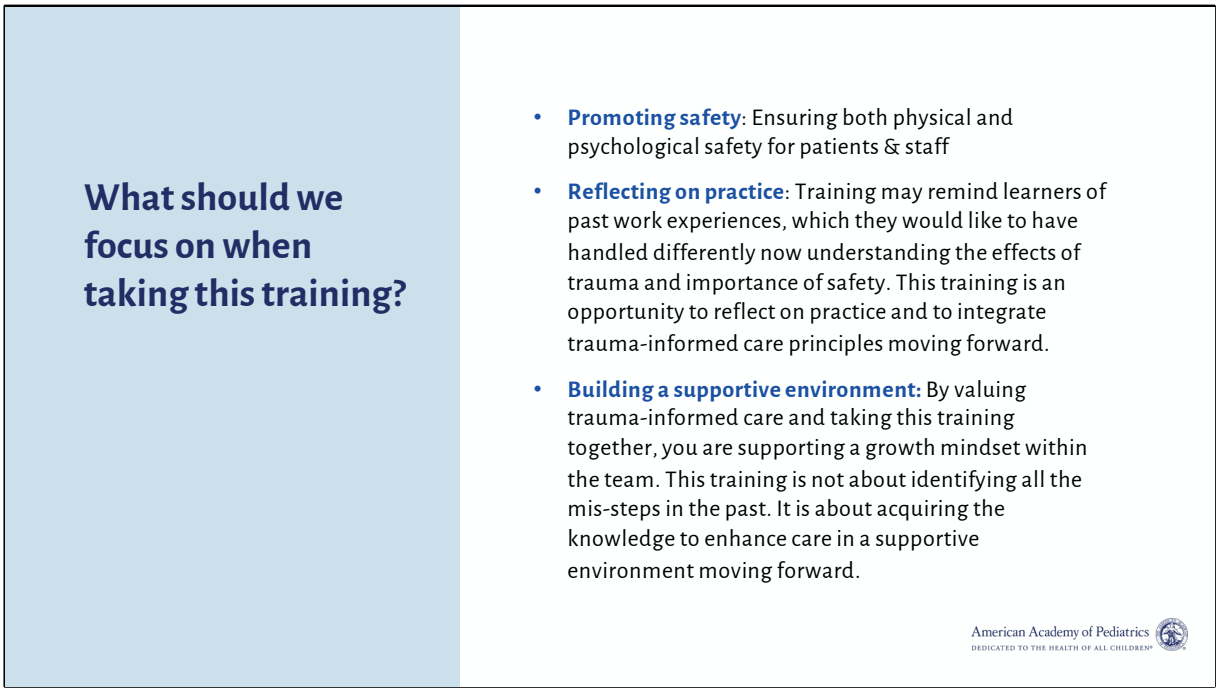
Note to users: Please do not remove this acknowledgement slide when providing the training.



The PATTeR training discusses sensitive topics including adverse childhood experiences, toxic stress response, trauma, and trauma-informed care. These topics may elicit various emotions or concerns. The aim is to create a psychologically and physically safe training environment. Learners are encouraged to reach out to their training facilitators if any apprehensions arise.

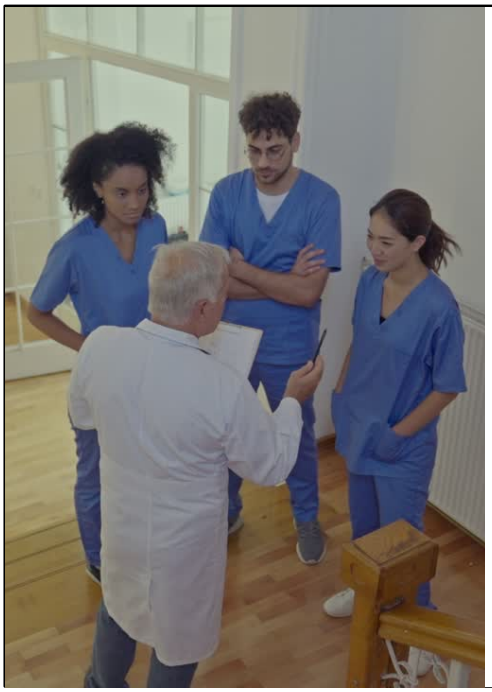


We know that trauma is a widespread issue affecting individuals of all ages, with significant impacts on health and well-being. By understanding trauma, clinical care teams can improve patient outcomes because we can improve practice. By doing this work in pediatrics settings, we can ensure that early interventions will prevent long-term adverse effects of trauma.



This training is going to focus on 3 main areas for a trauma-informed clinical practice. That is the promotion of safety, reflection on practice, and how to build a supportive environment.

Let's recap from Session 1.



Recap: Discovery Shopping

- A safe and welcoming environment is vital to providing TIC.
- Convene a small team: a leader, front desk person, provider, nursing, etc.
- Picture walking a real or imagined patient through your clinic -- entering the waiting room, checking in at the front desk, measuring vital signs, seeing the provider, and checking out…
- What will they see, hear, and feel that makes them feel safe/unsafe, welcome/unwelcome?
- Were you able to discuss as a team?
- Share highlights

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The team homework from Session 1 was to go Discovery Shopping -- to look at where you work from the viewpoint of the patient and family. What did you discover as a team? Please share your findings in a 1-2-minute summary report-out.

*Check-in with participants – how did you find this exercise helpful?

Recap: Understanding Your "Why"

Last session, we invited you to reflect on the following questions:

- What life experiences—positive or challenging—have shaped how you show up in your work and life?
- How has your culture or background influenced the way you view and approach your work?
- What draws you to this field or role—do you have a personal connection or lived experience that fuels your passion?

If you feel comfortable, we welcome you to share any thoughts, insights, or moments of reflection. Sharing is completely optional.

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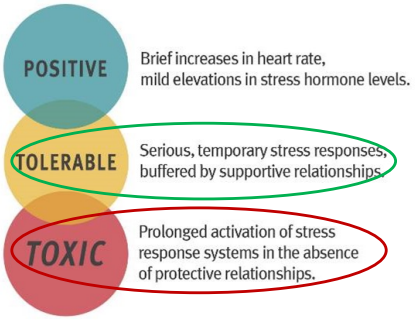
We also asked you individually to understand your "why." If you feel comfortable, we welcome you to share any thoughts, insights, or reflections.

Recap: Why are protective relationships important?



Center on the Developing Child at Harvard University, 2020

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In our last session, we discussed the stress response systems and how frequent or chronic activation of the stress responses can alter gene expression, *Click for animation* influence the immune system, and change brain structure and function in children *Click for animation* when they do not have protective relationships to rely on.

Reference: Center on the Developing Child at Harvard University. Toxic stress. Published August 17, 2020. Accessed July 29, 2024. https://developingchild.harvard.edu/science/key-concepts/toxic-stress/

The affiliate response is crucial for children
…and adults

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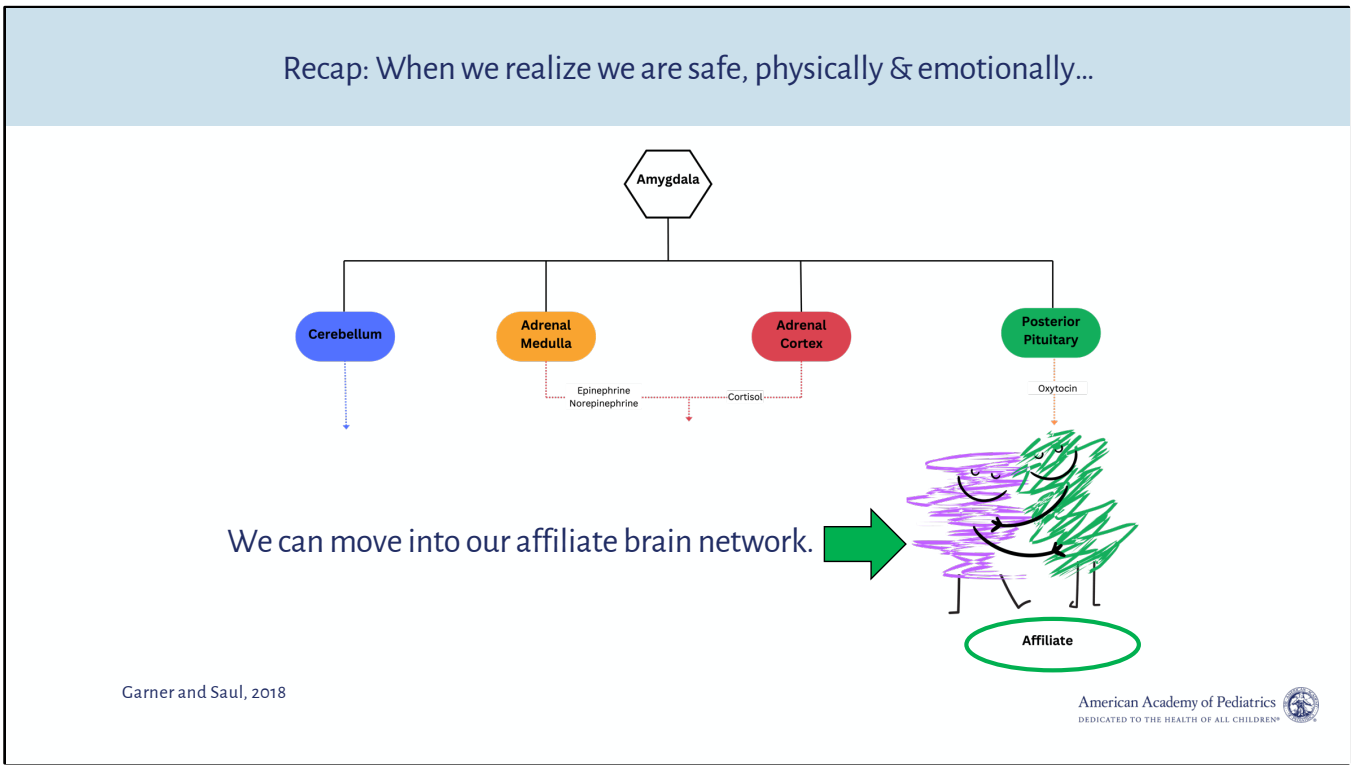
We also discussed that the affiliate response, our other stress response, can change everything—this requires that we have safe, stable, nurturing relationships to rely on—this is crucial for children… and for adults.



Recall that when we achieve physical and emotional safety, oxytocin dampens the stress hormone responses and moves us to our affiliate brain network. Under threat, being able to turn to each other for support also helps to restore self-regulation and bring us back to our thinking and learning brains.

Reference: Garner AS, Saul RA. Thinking developmentally: Nurturing wellness in childhood to promote lifelong health. American Academy of Pediatrics; 2018. doi:10.1542/9781610021531

In this session, we will explore how this understanding of the affiliate response changes how we care for children and families.

{Answer on next slide}

How does this understanding change how we care for children and families?

Answer:

We can use our relationship with families to to promote safety, engagement, and resilience for all & recovery for those in need.

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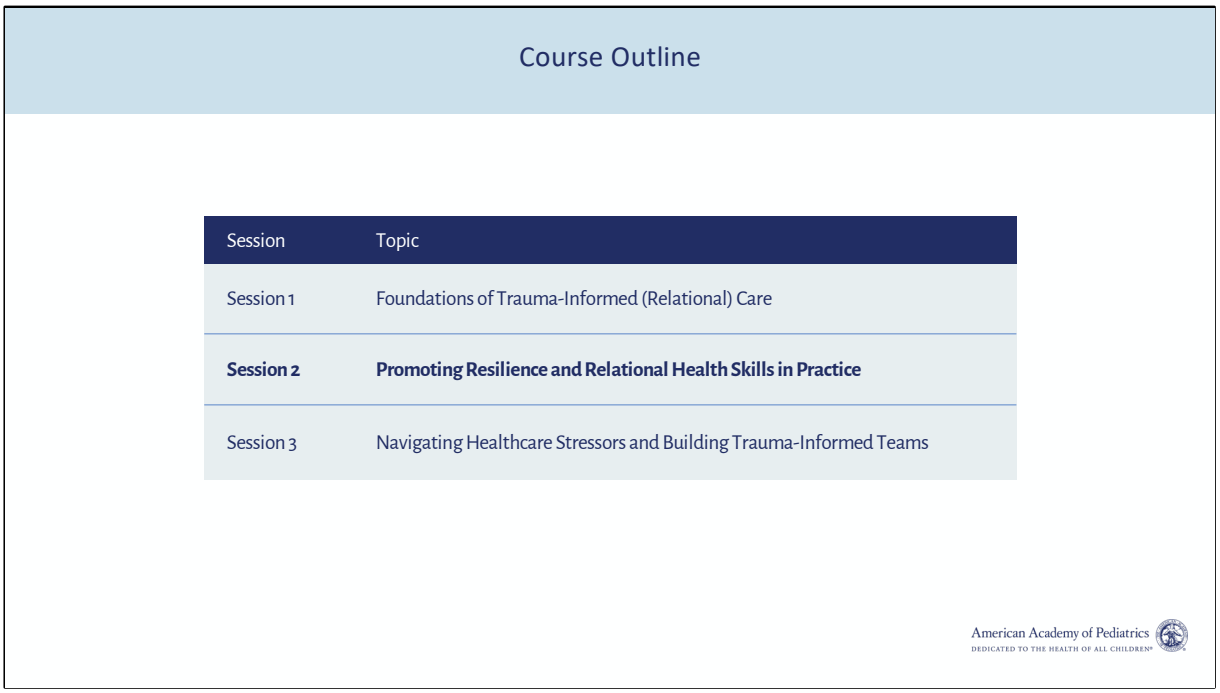
The simple answer is that we can promote resilience and recovery through relationships. We will spend our time today taking a closer look at how we do this!



In Session 2, we will be discussing Promoting Resilience and Relational Health Skills in Practice.

Overview of Session 2: Promoting Resilience and Relational Health Skills in Practice

- Define trauma-informed care.
- What is resilience and how does a child or person become resilient?
- The intersection of culture, trauma, and resilience
- Applying TIC skills patients and families.

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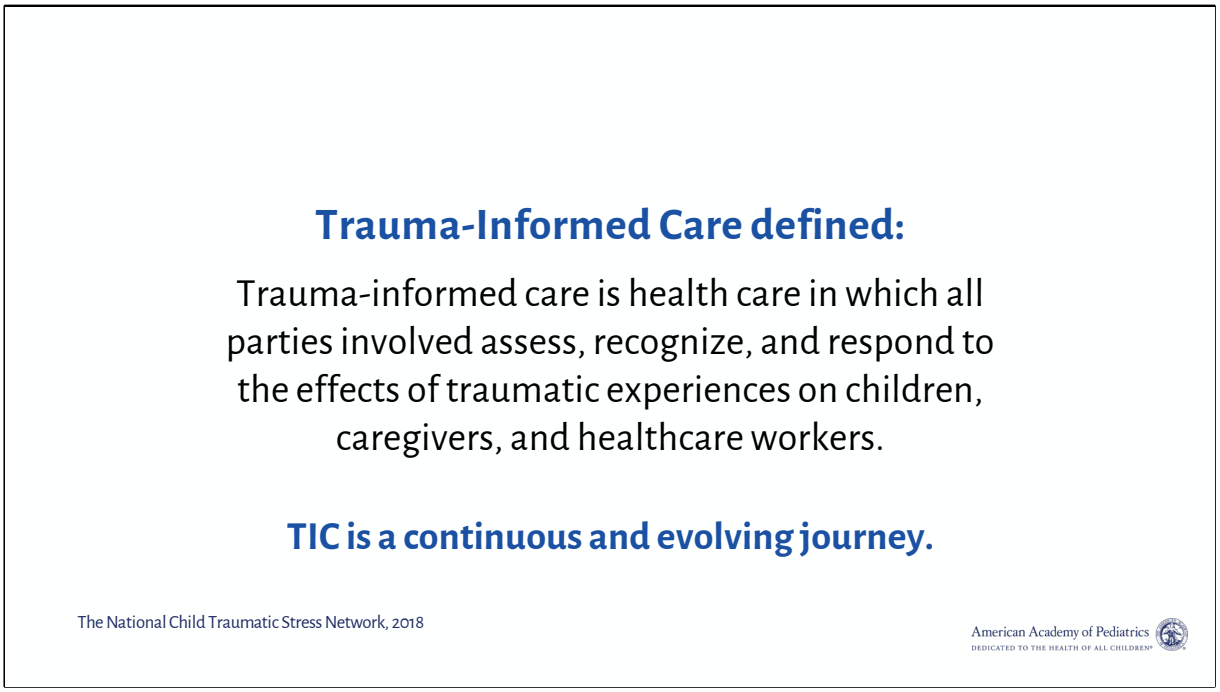
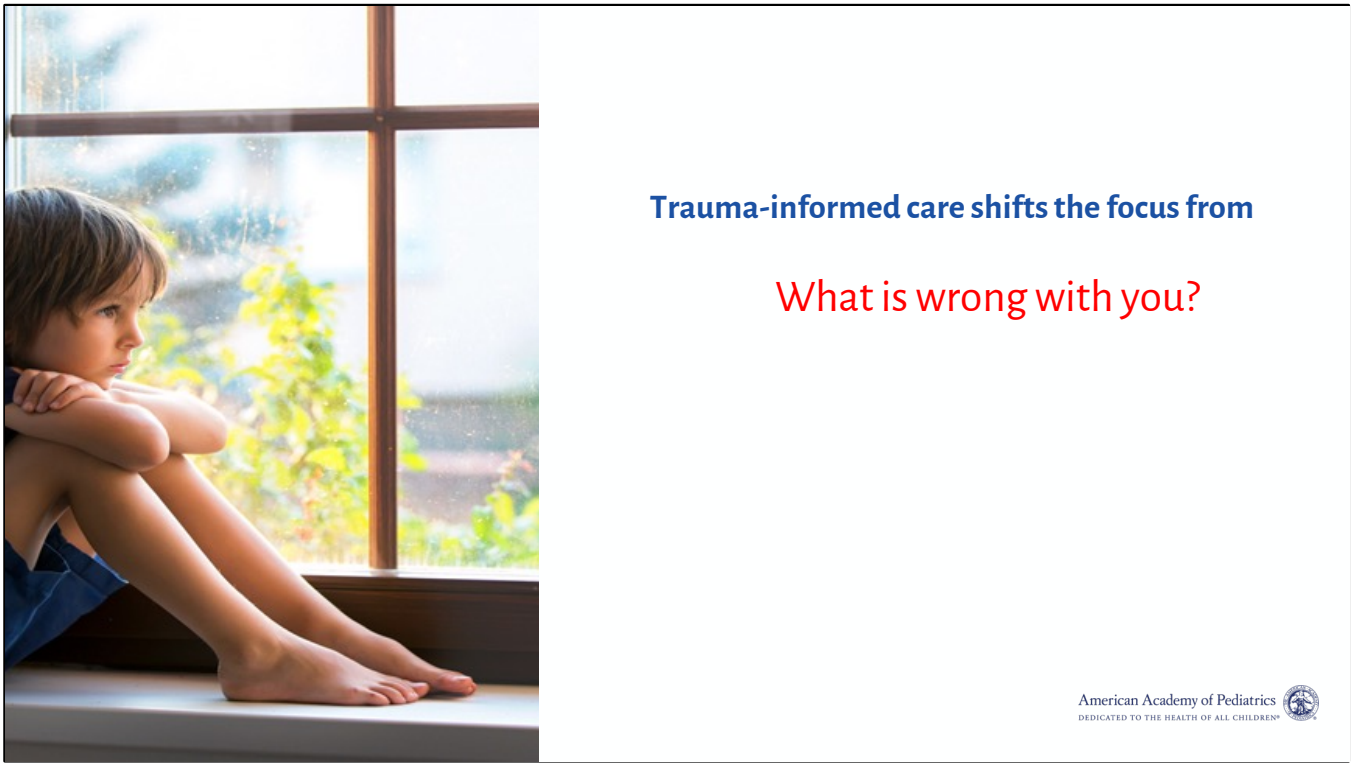
In this session, we will cover trauma-informed care, resilience - how a child or an individual becomes resilient - the intersection of culture, trauma, and resilience, and the application of trauma-informed care (TIC) skills with patients and families.



Remember that trauma informed care is health care in which all parties involved assess, recognize, and respond to the effects of traumatic experiences on children, caregivers, and healthcare workers.

Reference: The National Child Traumatic Stress Network. Trauma-informed care. Accessed July 29, 2024. https://www.nctsn.org/trauma-informed-care



Trauma informed care shifts the focus from “what is wrong with you?”

Trauma-informed care shifts the focus from

What is wrong with you?

to

What happened to you?

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To “what happened to you?”

Trauma-informed care shifts the focus from

What is wrong with you?

to

What happened to you?

and

What is strong with you?

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And “what is strong with you?”

Trauma-Informed Care (TIC) is Relational Care

TIC is relational care that is:

- emotionally & psychologically safe
- resilience promoting
- culturally humble
- trauma aware and responsive
- anti-racist
- aware of our own biases
- strives to understand the context of people's lives & partner with them to promote healing

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In this training, we explore how trauma informed care is relational care that is emotionally and psychologically safe, resilience promoting, culturally humble, trauma aware and responsive, anti-racist, biases aware, and strives to understand the context of people's lives and partner with them to promote healing.

Resilience

As defined by Ann Masten, PhD

Resilience is the ability to **adapt and thrive** in the face of adversity.

- Resilience is a developmental skill that emerges through the dynamic interaction between our genetic makeup and environment.
- Protective factors support resilience.

Masten, 2014

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Dr. Ann Masten, a developmental psychologist and professor at the University of Minnesota, is known for her work in defining and studying resilience, particularly in children. Trauma-informed care (TIC) is, at its core, resilience-enhancing relational care. It leverages the brain's natural affiliative response and is rooted in cultural humility. When research on resilience began, scientists searched extensively for a resilience gene or trait—but they never found one. That is because resilience is a **developmental skill** that emerges over time through the **dynamic interaction** between our genetic makeup and our environment. Protective factors that support resilience are present in everyday life.

Reference: Masten AS. Global perspectives on resilience in children and youth. Child Dev. 2014;85(1):6-20. doi:10.1111/cdev.12205

THREADS of Resilience

Personal Resilience Factors

Thinking and learning brain

Hope

Regulation or self control

Efficacy

Attachment

Developmental skill mastery

Social connectedness

Forkey et al., 2021

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Recall the mnemonic THREADS that are the resilience factors we covered in session 1. A majority of our focus is on promoting resilience in the children and families we see.

Reference: Forkey, H. C., Griffin, J. L., & Szilagyi, M. (2021). Childhood Trauma and Resilience: A Practical Guide. American Academy of Pediatrics. https://books.google.com/books?id=TaMxzgEACAAJ

Promoting Resilience: The Ordinary Magic

- For children, the pathways to resilience develop in the give and take of **safe, stable and nurturing relationships** that are continuous over time (attachment relationships).
- Resilience develops in the growth that occurs through play, exploration, and exposure to a variety of normal activities and resources.
- It is the **ordinary magic of everyday moments** that promotes the development of resilience.

Masten, 2014

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Dr. Masten describes resilience promotion as "ordinary magic," emphasizing the importance of everyday interactions in fostering resilience. This process unfolds through safe and nurturing relationships, play, exploration, and access to a variety of normal activities and resources, which collectively support typical gene expression and the development of brain structures involved in social, cognitive, and regulatory functions. The early years are particularly critical, as the brain rapidly forms foundational structures and connections. And, brain development continues throughout childhood. During puberty and adolescence, significant new connections are formed, particularly in the midbrain, which enhances the social behaviors of adolescents. The development of the frontal regions, which are crucial for thinking, learning, and regulation, extends into the mid-20s.

Reference: Masten AS. Global perspectives on resilience in children and youth. Child Dev. 2014;85(1):6-20. doi:10.1111/cdev.12205

Promoting Resilience: Risk Factors and Protective Factors

Protective factors promoting resilience:

- Strong caregiver relationships
  (Parents, mentors, supportive adults)
- Community support
  (Schools, faith groups, peer groups, neighborhoods)
- Self-regulation skills
  (Emotional and cognitive flexibility)
- Opportunities for mastery
  (Education, problem-solving experiences)

Risk factors impeding resilience:

- Social challenges
- Trauma
- Neglect

Masten, 2014

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Protective factors that promote resilience are both external and internal and include strong caregiver relationships, community support, self-regulation skills, and opportunities for mastery. Resilience is shaped by a balance between risk factors and protective factors whereby the strengthening of protective systems can buffer the effects of adversity.

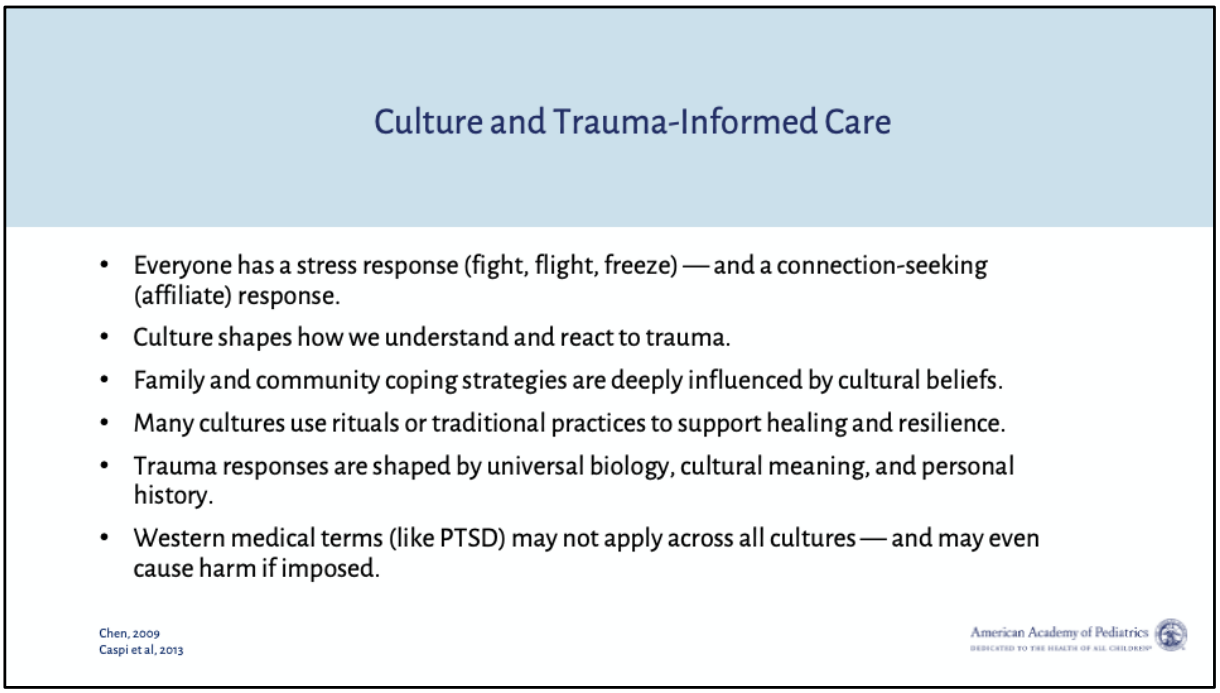
Reference: Masten AS. Global perspectives on resilience in children and youth. Child Dev. 2014;85(1):6-20. doi:10.1111/cdev.12205

Just as trauma can alter our biology, resilience is also biologically embedded. When we become parents or caregivers, the brain releases oxytocin, a hormone that activates the brain's affiliative network. This drives caregivers to orient toward their newborn and engage in culturally specific caregiving behaviors. Through these interactions, caregivers create an environment that fosters infant attunement. This dynamic exchange, known as **biobehavioral synchrony**, is a continuous cycle of connection, disconnection, and reconnection—laying the foundation for secure attachment and healthy development.

Reference:

1. Kempe CH. Approaches to preventing child abuse. The health visitors concept. Am J Dis Child. 1976;130(9):941-947. doi:10.1001/archpedi.1976.02120100031005
2. Feldman R. What is resilience: An affiliative neuroscience approach. World Psychiatry. 2020;19(2):132-150. doi:10.1002/wps.20729

Relational care is culturally humble, recognizing that every culture has traditions and celebrations that support families, promote resilience, and aid in understanding, buffering, and healing from trauma and adversity (Danieli, 2007). Trauma inherently intersects with culture. Culture shapes our thoughts and behaviors, providing the lens through which we view the world, our experiences, and our relationships. It influences how traumatic events are perceived and managed (Drozdek, 2012). Understanding the cultural context of a family allows us to better identify and address both overt and subtle signs of trauma.

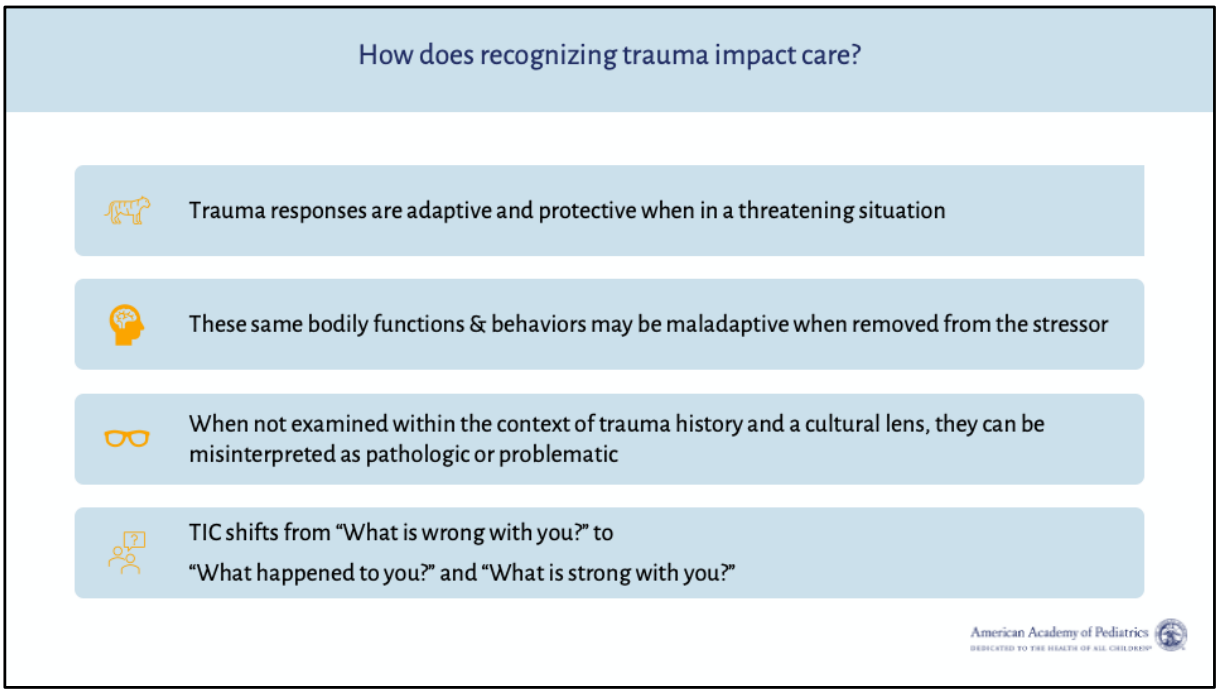


In trauma-informed care, understanding a person's life context and culture is essential to building trust. While fight-flight-freeze responses are universal, culture shapes how individuals interpret and cope with trauma. Cultural beliefs and practices influence healing, and reactions to trauma blend biological responses, cultural meaning, and personal history. Western concepts like PTSD may not resonate across all cultures, so a culturally humble and individualized approach is key.

Reference:

Chen PW. Bridging the culture gap. The New York Times. Published July 16, 2009. Accessed July 29, 2024. https://www.nytimes.com/2009/07/16/health/16chen.html

Caspi Y, Ghafoori B, Smith SF, Contractor A. On the importance of considering culture when defining trauma. International Society for Traumatic Stress Studies. Published September 24, 2013. Accessed July 29, 2024. https://istss.org/public-resources/trauma-blog/2013-october/on-the-importance-of-considering-culture-when-defi



Trauma-informed care (TIC) is a universal, culturally humble, and resilience-based approach that shifts how we understand challenging behaviors. TIC seeks to meet individuals where they are, engaging them as partners in their care. Rather than asking, "What's wrong with you?" TIC asks, "What happened to you?" It encourages us to be curious, not judgmental, recognizing that behaviors often reflect past trauma. A fight-or-flight reaction may be adaptive in one setting but seem out of place in another. For example, a child who instinctively responds to gunfire with a fight-or-flight reaction is exhibiting a survival mechanism; however, the same response to a loud noise in a classroom may seem disruptive. TIC helps us partner with patients and families, respond with empathy, and support healing through understanding, not blame.

How do we move from being *trauma-informed* to practicing *trauma-informed care*?

- More than increased awareness and knowledge about trauma
- Involves behaviors, actions, and responses by individuals
- Involves the culture within an organization
- Beyond changing *what* we do, it is about changing *how* we do it

Substance Abuse and Mental Health Services Administration, 2014

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Understanding trauma is important—but it's not enough. Trauma-informed care means turning that knowledge into action by changing how we interact, how we design systems, and how we create safe, healing environments. It requires organizational commitment, not just individual effort. True TIC is about embedding empathy, collaboration, and trust into every level of care. It's a mindset shift—from awareness to practice—where every action reflects a commitment to healing and connection.

Adapted from: Substance Abuse and Mental Health Services Administration. SAMHSA's concept of trauma and guidance for a trauma-informed approach. HHS Publication No. (SMA) 14-4884. Rockville, MD: Substance Abuse and Mental Health Services Administration; 2014. Accessed July 29, 2024. https://ncsacw.samhsa.gov/userfiles/files/SAMHSA_Trauma.pdf

In this next section, we will learn how to integrate trauma informed care and promote resilience during an office visit.

Trauma-Informed Care Principles

Safety	Establish the physical and emotional safety of patients and staff
Trustworthiness & Transparency	Build trust between providers and patients
Peer support	Recognize the effects of trauma exposure on physical and mental health and support peers to promote recovery and healing
Empowerment voice and choice	Promote evidence-based, patient & family-centered care
Collaboration & mutuality	Ensure provider and patient collaboration by bringing patients into the treatment process and discussing mutually agreed upon goals for treatment
Sensitivity	Provide care that is sensitive to the patient's racial, ethnic, and cultural background, and gender identity

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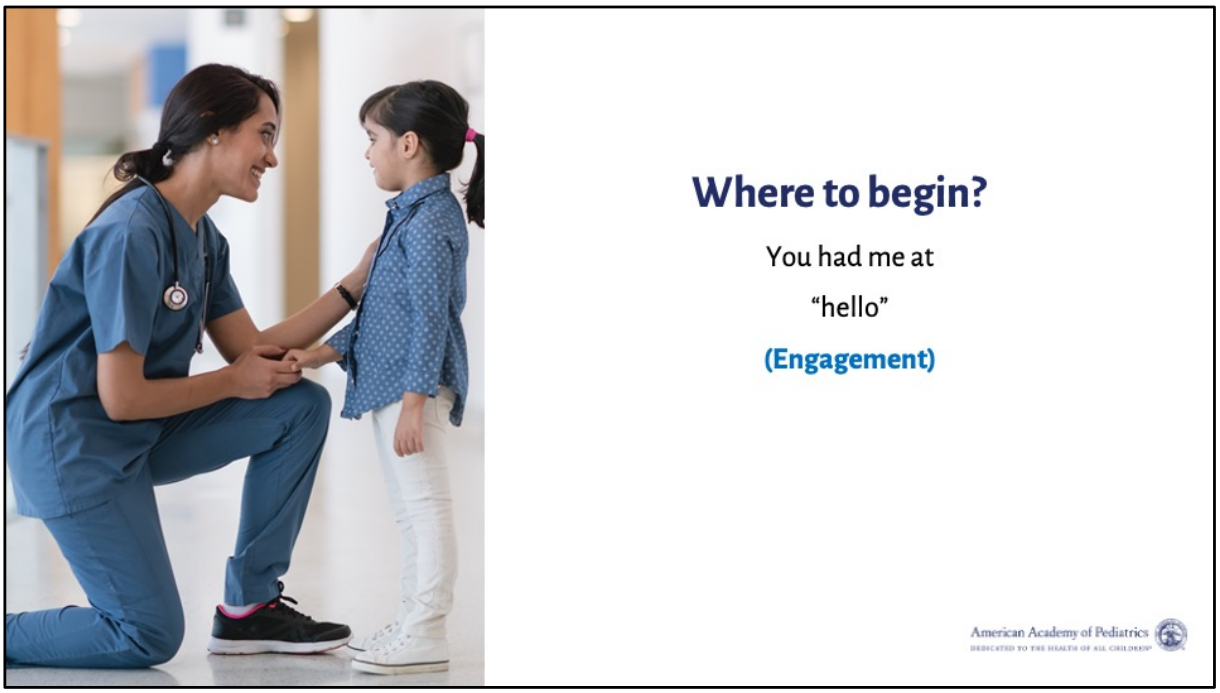
These six principles of trauma-informed care are nationally recognized as the foundation for creating supportive environments. The first and most fundamental principle is safety—both physical and emotional. But how do we communicate safety to those we serve? Many of you, during discovery shopping, identified elements in your settings that felt safe and welcoming, as well as aspects that may have felt uninviting or even unsafe. Recognizing these factors is the first step toward fostering a truly trauma-informed environment…



Safety, the first principle of trauma-informed care, begins the moment a patient enters our hospital. It starts with engagement. From the first interaction, engagement plays a crucial role in shaping their experience. Why? Because trauma-informed care is, at its core, relational care. The way we engage with patients—through our words, tone, and body language—sets the tone for their entire hospital stay. A calm, kind, and welcoming first impression can help ease stress responses and activate the brain's affiliative network, fostering a sense of security. By prioritizing engagement from the start, we create a safe space where patients feel heard, valued, and supported in their healing journey.

Creating the Physical Environment

- Ensure hallways, common areas, bathrooms, entrances, and exits are well-lit and marked
- Ensure people are not allowed to smoke, loiter, or congregate outside entrances and exits
- Ensure patients have clear view and access to the doorway in rooms
- Ensure families understand procedures for entering and exiting the unit
- Monitor who is coming in and out of the building and the unit
- Keep noise levels low in rooms and hallways
- Use welcoming and inclusive language on all signage, posters, forms
- Reflect patient diversity in posters and handouts

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While discovery shopping, you identified some features of a trauma informed clinical setting where patients may feel safe or unsafe. The creation of a safe physical environment is fundamental to the safety, trust, and engagement with our patients and families. We list here some examples for creating a physically safe environment.

- Ensuring hallways, common areas, bathrooms, entrances, and exits are well-lit and marked
- Ensuring people are not allowed to smoke, loiter, or congregate outside entrances and exits
- Ensuring patients have clear view and access to the doorway in rooms
- Monitoring who is coming in and out of the building and the unit
- Keeping noise levels low in rooms and hallways
- Using welcoming and inclusive language on all signage, posters, forms
- Reflecting patient diversity in posters and handouts

Creating the Social-Emotional Environment

- Welcome patients and ensure they feel respected and supported
- Keep families updated on timing of procedures and medications
- Ensure input from patients and caregivers is incorporated into the care plan
- Ensure understanding of the child's diagnosis and treatment plan
- Welcome questions
- Maintain communication that is consistent, open, respectful, collaborative, and compassionate
- Be aware of how an individual's culture affects how they perceive trauma, safety, and privacy

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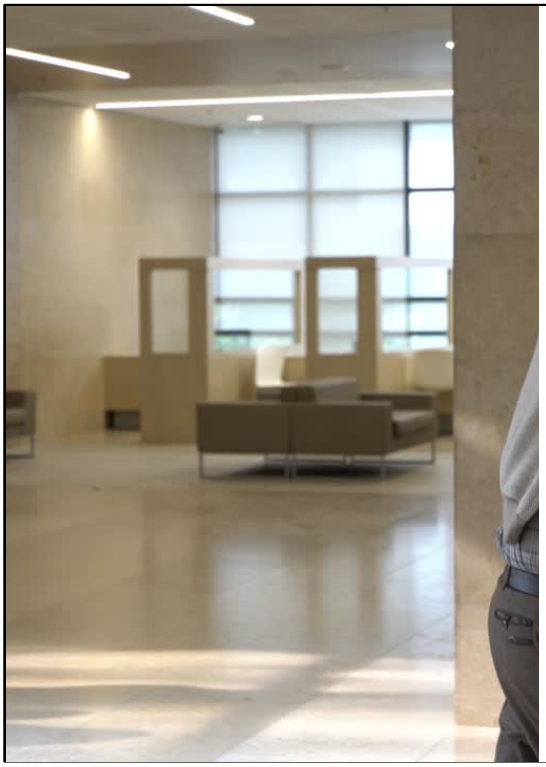
Just as we prioritize physical safety, we must also cultivate a socially and emotionally safe environment. This means ensuring that every interaction—whether through words, tone, or body language—conveys a sense of security and trust. We do this by greeting patients in a warm and reassuring manner, keeping families informed and involved, and maintaining open, respectful, and compassionate communication. Consistency and collaboration are key, as is cultural awareness—recognizing that each patient's background and experiences shape their perceptions of trauma, safety, and privacy. By fostering this environment, we help patients and families feel truly supported in their care.



Setting the Tone

- Connect with and greet people by name; ask how they would prefer to be addressed
- Be warm and welcoming
  - With your words: "I am so happy to see you today."
  - With your body language
    - Maintain open posture
    - Use eye contact (but don't stare)
    - Smile warmly
- Be flexible and understanding
    - "I know that it takes a lot of effort for you to get here. Thank you for coming in today. Let me see how we can help you."
- Ask open-ended questions while deferring other questions to the exam room for privacy
  - "How can I help you today?"

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To establish a welcoming and safe environment, greet individuals by name whenever possible. If you're unfamiliar with them, kindly ask for their name and preferred form of address. Starting with open-ended questions is also important, as it encourages conversation and fosters trust. This approach allows the individual to share more freely and helps create an atmosphere of safety.

To establish a welcoming and safe environment:
-Greet individuals by name. If you don't know them, ask, and inquire about their preferred form to address them.
-When someone is late, remain calm and acknowledge their effort to attend. This approach helps shift individuals from their survival response to their affiliate response.
-Ask open-ended questions to begin, defer other specific questions to the exam room for privacy considerations

Verbal and Nonverbal Ways to Set the Tone

(more on next slide)

- **Open Posture**: Stand or sit with your body facing the patient, arms relaxed at your sides
  - Avoid crossing your arms or legs, which may convey being closed off or defensive
- **Eye Contact:** Maintain friendly and consistent eye contact
  - Depending on what is culturally appropriate
- **Facial Expressions:** Smile genuinely to convey warmth and approachability
  - Show empathy and understanding through your facial expressions, such as nodding or mirroring emotions when appropriate
- **Gestures:** Use natural hand gestures to complement your speech and expressiveness
  - Avoid pointing or making abrupt movements, which may convey being aggressive

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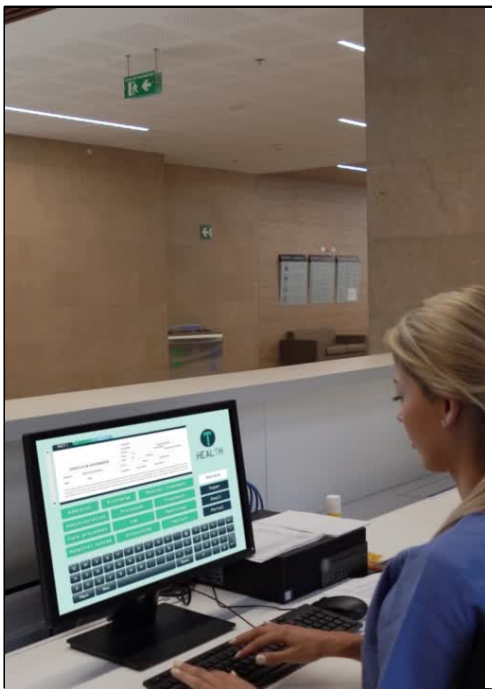
Nonverbal ways to set the tone for safety include presenting an open posture and maintaining eye contact as appropriate.

Note to users: these slides with listed examples can be adapted to your clinical setting's practices and procedures.



Verbal and Nonverbal Ways to Set the Tone

- **Proximity**: Maintain an appropriate distance, respecting personal space (about an arm's length)
  - Lean in slightly when the patient is speaking to show interest and engagement
- **Tone of Voice:** Speak in a calm, steady tone, and modulate your pitch to match the context of the conversation
  - Use a higher pitch for reassurance and a steady, calm tone for delivering information
- **Listening Cues:** Nod occasionally to indicate you are listening and understanding
  - Use verbal acknowledgments like "I see" or "I understand" to reinforce engagement
- **Mirroring**: Subtly mirror the patient's body language to build rapport and show empathy
  - Be mindful not to mimic negative body language or emotions

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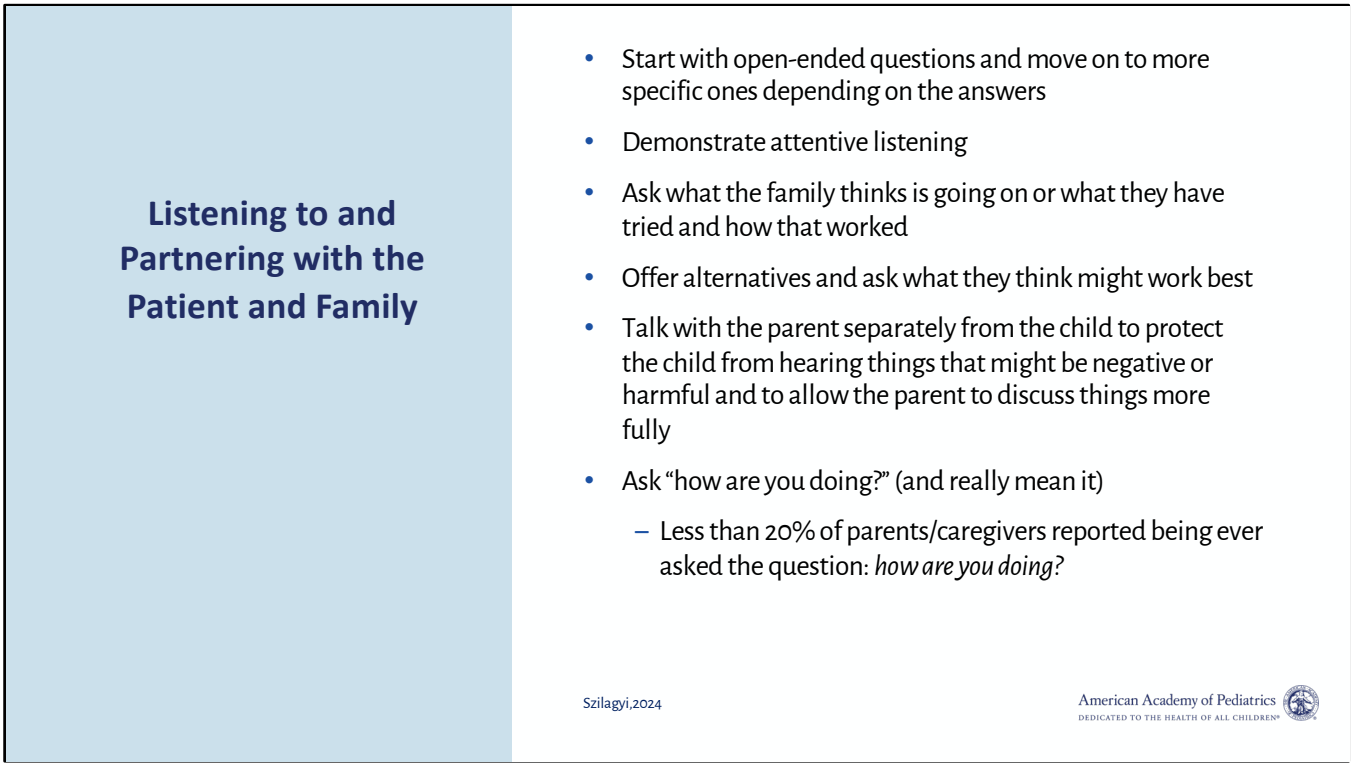
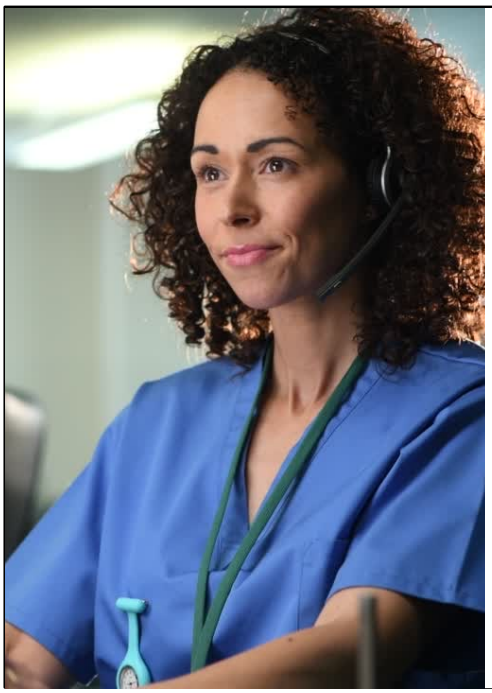
More verbal and nonverbal cues to set the tone for a safe encounter include maintaining an appropriate distance between you and the patient and family, awareness about tone of voice, displaying listening cues, and mirroring the patient and family.

Note to users: these slides with listed examples can be adapted to your clinical setting's practices and procedures.



Start with open-ended questions to understand the family's perspective, then follow up with specific questions based on their responses. Listen actively—make eye contact, nod, and reflect back what you hear. Ask what they think is going on, what they've tried, and how it's worked. Invite them into decision-making by asking what they think might help. This collaborative approach helps to build trust and ensures the plan is truly a partnership. Talk with parents separately when needed to allow space for sensitive conversations. This allows the parent to discuss sensitive or difficult topics without worrying about how it might affect the child. It also gives the parent space to share their feelings and thoughts more fully. Always check in: "How are you doing?"—and mean it. That simple question can be powerful. Research shows that fewer than 20% of parents and caregivers report ever being asked this question, yet it can be incredibly impactful. When we take the time to genuinely check in, it signals empathy and support, and helps the family feel seen and cared for.

Reference: Szilagyi M. Building a trauma-informed pediatric practice. Dr. Moira Szilagyi. Accessed July 29, 2024. https://www.drmoira4kids.com/post/building-a-trauma-informed-pediatric-practice



Ways to Set the Tone for a Safe Visit over the Phone

- **Phone Visits**: think about your tone and words.
- Our brains are wired for sounds of danger and are more reassured by higher pitched voices, or softer voices and tempo.
- Often our mood is reflected in the tone of our voice and tempo of our speech, so it may be helpful to take a deep breath before answering the phone to clear your mind.

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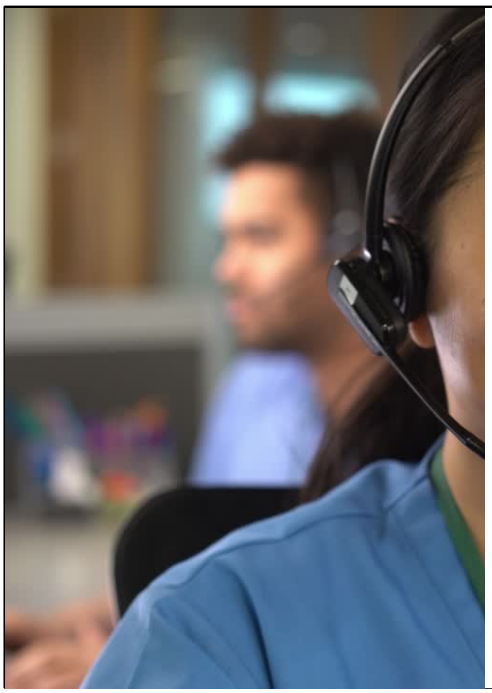
Effective communication relies heavily on non-verbal cues, but phone interactions strip away 80% of these signals, leaving only the verbal cues. To set the tone for a safe visit over the phone, we offer some suggestions: Answer the call by introducing yourself and your practice: “Hello, this is ___ from ___ Pediatrics. Thank you for calling.” Offer assistance: “How may I help you today?” Clearly outline what is next: “I will place you on hold briefly while I do _____.”

Note to users: these slides with listed examples can be adapted to your clinical setting’s practices and procedures.



Ways to Set the Tone for a Safe Visit with Challenging Phone Calls

- Listen Actively and Attentively
- Acknowledge, Apologize (if needed) and Validate
- Remain Calm: Your demeanor can help soothe the caller.
- Stay Curious, Not Furious: Approach the situation with a spirit of inquiry.
- Seek Team Support: Ask for assistance from a team member if needed.
- Self-Regulate: Take a deep breath to maintain your composure.
- Summarize for Clarity: Confirm your understanding by summarizing the caller's concerns
- Offer Next Steps: Offer choice

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Let's discuss effective strategies for managing challenging calls when the caller might be displaying some of those FRAYED behaviors. When managing challenging calls, start by listening actively. When a caller is distressed, they may struggle to express themselves or process information. Validate their feelings with empathy: “That sounds really stressful.” Stay calm to help regulate the caller’s stress. If needed, bring in a colleague for support. Summarize their concerns to show understanding, e.g., “It sounds like you’re worried about sleep and behavior at home and school.” Then offer clear next steps, like scheduling options. You might ask, “Would you prefer an in-person visit, or a telehealth/phone consultation? Would you like to schedule with the pediatrician or our mental health provider?” This keeps the caller engaged and helps them feel heard and supported. Finally, offer next steps to move forward. This helps the caller feel in control and involved in the decision-making process.

Note to users: these slides with listed examples can be adapted to your clinical setting’s practices and procedures.

Ways to Set the Tone for a Safe Visit with Late Arrivals to Clinic

- **Greeting Families**: Warmly greet and thank families for coming into the clinic.
- **Accommodating Late Arrivals:**
  - Acknowledge the schedule and offer choice: "Let me see what we can do to help you today. We understand the challenges of getting here."
  - Perhaps offer a brief visit to accommodate: "We may only be able to accommodate a brief visit today. Let me see what our clinic team can do."
  - Consult with the team to find solution(s), consider briefly stepping away to coordinate if possible.
- **Planning for Future Appointments:**
  - Discuss possible future scheduling options.

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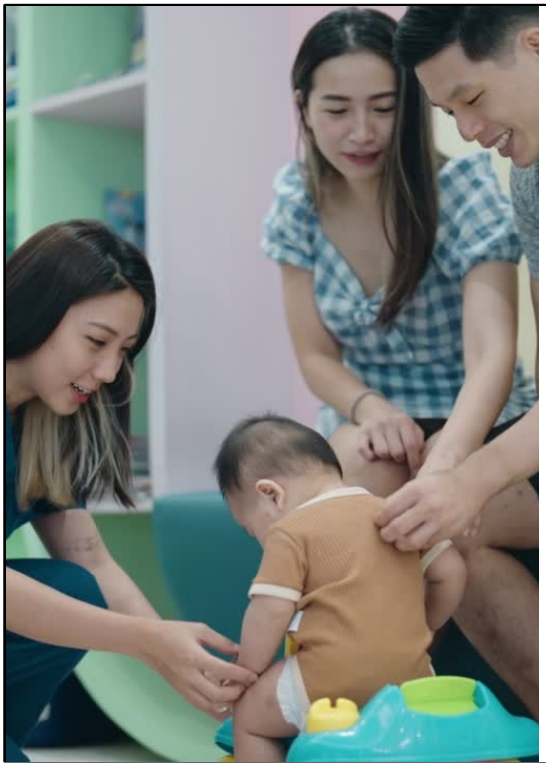
Like navigating through a challenging phone call -- When patients/families arrive late to the clinic, it may be stressful for everyone involved (both them and the clinic staff). A trauma-informed response by our health team can help alleviate these stress responses and set a positive tone for their visit. A well-defined trauma-informed late policy is essential for the clinic. This slide outlines considerations for how to respond when individuals arrive late for their appointments.

Note to users: these slides with listed examples can be adapted to your clinical setting's practices and procedures.



Supporting Positive Caregiver-Child Interactions

- Parents may feel unsure how to support their child
- Partner with parents as a **key support**
  - This can improve the child's ability to endure procedures, reduce distress, and create a more positive hospital experience.
- Strategies to engage parents in supporting their child:
  - **Provide clear, simple guidance**
  - **Encourage effective positioning**
  - **Utilize familiar comfort strategies**
  - **Coach parents on distraction techniques**
  - **Validate and support parents' emotions**

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Some parents may feel helpless, like they are in the way, or unsure of how to support their child at the bedside, especially during procedures. Clinical staff are encouraged to see parents as valuable allies in helping children stay calm and cope with medical experiences. Parents know their child best and can provide comfort, reassurance, and distraction in ways that staff may not be able to. By engaging parents as partners, we can improve the child's ability to endure procedures, reduce distress, and create a more positive clinical experience. Some strategies for engaging parents in support their child are listed here. Many parents want to help, but may not know what to do...

Click to see these strategies on the next several slides

Reference: Szilagyi M. Building a trauma-informed pediatric practice. Dr. Moira Szilagyi. Accessed July 29, 2024. https://www.drmoira4kids.com/post/building-a-trauma-informed-pediatric-practice

Supporting Positive Caregiver-Child Interactions

- **Provide Clear, Simple Guidance**
  - Many parents want to help but may not know what to do. Give them concrete suggestions, such as:
    - "You can hold their hand and talk to them."
    - "Try singing their favorite song or telling a story"
    - "Help them take slow, deep breaths with you."
- **Encourage Effective Positioning**
  - When appropriate, suggest parents stand or sit near the child's head, maintaining eye contact to provide comfort and security.
  - Some children feel safest when their parent is holding their hand or gently touching them.
  - Let parents know that their presence alone is calming and beneficial.

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Provide concrete, easy-to-follow suggestions. Saying something like, "Try singing their favorite song," or, "Hold their hand and talk to them," makes it actionable. These suggestions also give caregivers permission and encouragement to stay engaged. This helps both the child and the caregiver feel more empowered and connected.

When appropriate, we can invite them to sit or stand near the child's head, keeping that visual and physical connection. A gentle touch, like holding hands or placing a hand on the child's shoulder, can offer immense reassurance. Even if the caregiver doesn't know what to say or do, just being present helps. Remind them that their calm presence is therapeutic — it helps the child feel safe.

Supporting Positive Caregiver-Child Interactions

- **Utilize Familiar Comfort Strategies**
  - Ask parents what normally helps their child feel safe and use those strategies:
    - A favorite stuffed animal, blanket, or pacifier
    - A preferred song, phrase, or relaxation technique
    - Gentle physical contact, like rubbing their back or holding their hand.
- **Coach Parents on Distraction Techniques**
  - Encourage them to engage the child in a favorite topic, game, or activity:
    - Asking the child about their favorite show, character, or pet
    - Counting together or playing "I Spy"
    - Using a mobile device to show calming videos or play soft music.
- **Validate and Support Parents' Emotions!**

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Distraction is a powerful tool—guiding parents to sing, tell a story, or use a favorite toy can help shift the child's focus away from the procedure. Reinforcing coping strategies, like deep breathing or counting, empowers both the child and caregiver. Finally, acknowledging and validating parents' efforts helps build their confidence and strengthens their role as a support system. When we engage caregivers as partners, we create a calmer, more supportive environment for the child.

Offering Simple Choices

- Simple choices can be offered to the child or caregiver.
- Offers some control over the situation, which creates a sense of self-efficacy, and establishes a sense of trust and partnership.
- For the child, during vitals, can ask: "Which arm would you like me to use to measure your blood pressure, your left arm or your right arm?"
- For the caregiver in the exam room, ask: "Would you like to hold your child for their vaccines, or would you prefer we seat them on the table?"
- For the child on the way out, ask: "Which of these stickers would you like to take home today?"

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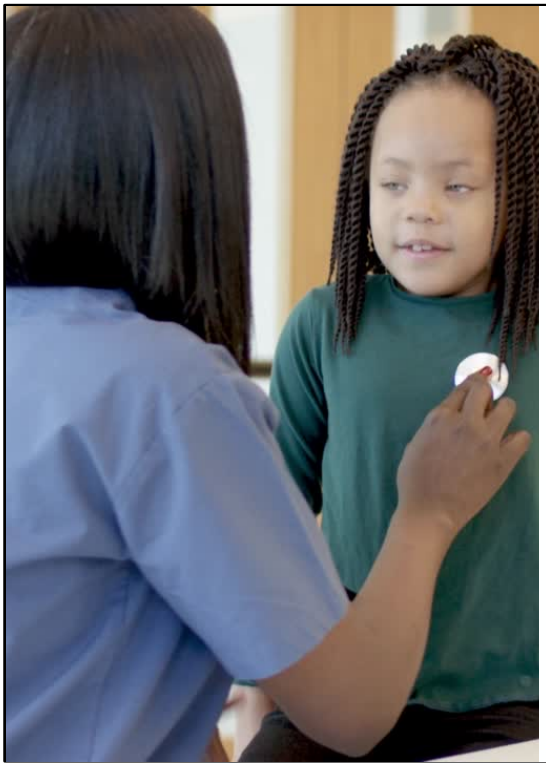
Offering simple choices is a powerful trauma-informed strategy. When we give children or caregivers even small decisions to make, we help them regain a sense of control in a setting that can often feel overwhelming or powerless. These small choices build trust and partnership. For example, with a child getting vitals, asking "Which arm would you like to use for your blood pressure?" supports autonomy. With a caregiver, we can say, "Would you prefer to hold your child during the vaccine, or have them sit on the table?" Even small gestures like letting a child choose their sticker on the way out helps close the visit with a sense of agency and positivity. These actions may seem minor, but they matter — they support self-efficacy, reduce anxiety, and reinforce the idea that we're working with families, not on them.

Reference: Szilagyi M. Building a trauma-informed pediatric practice. Dr. Moira Szilagyi. Accessed July 29, 2024. https://www.drmoira4kids.com/post/building-a-trauma-informed-pediatric-practice



Explaining What Will Happen

- We cannot assume families know what to expect during a clinical encounter.
- **Let families know what is coming.**
  - "Now we are checking your height and weight and then..." "You are seeing Dr. ___ today for your physical."
- **Let patients know why you are doing something.**
  - "I am checking your blood pressure because that tells me how strong and healthy your heart is."
- **Explain each step and ask if the family has questions**, which reinforces and reassures safety.
  - "You'll feel a squeeze on your arm. Stay still like a statue so the machine can measure correctly. Do you have any questions before I start?"

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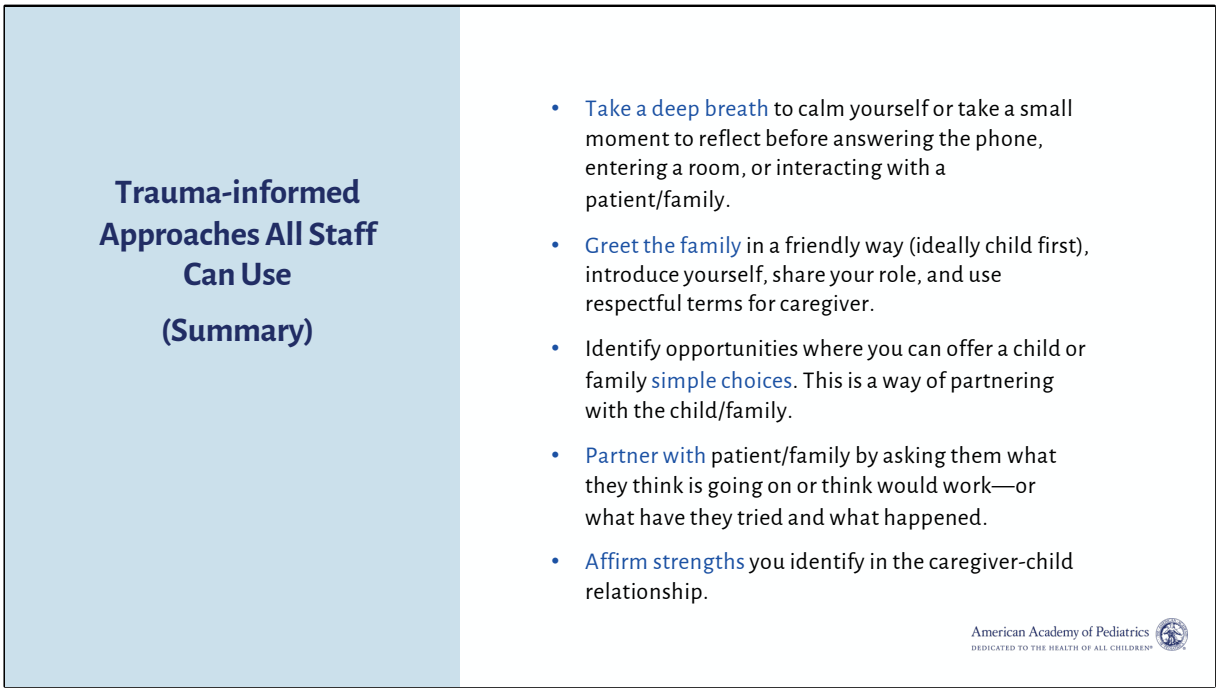
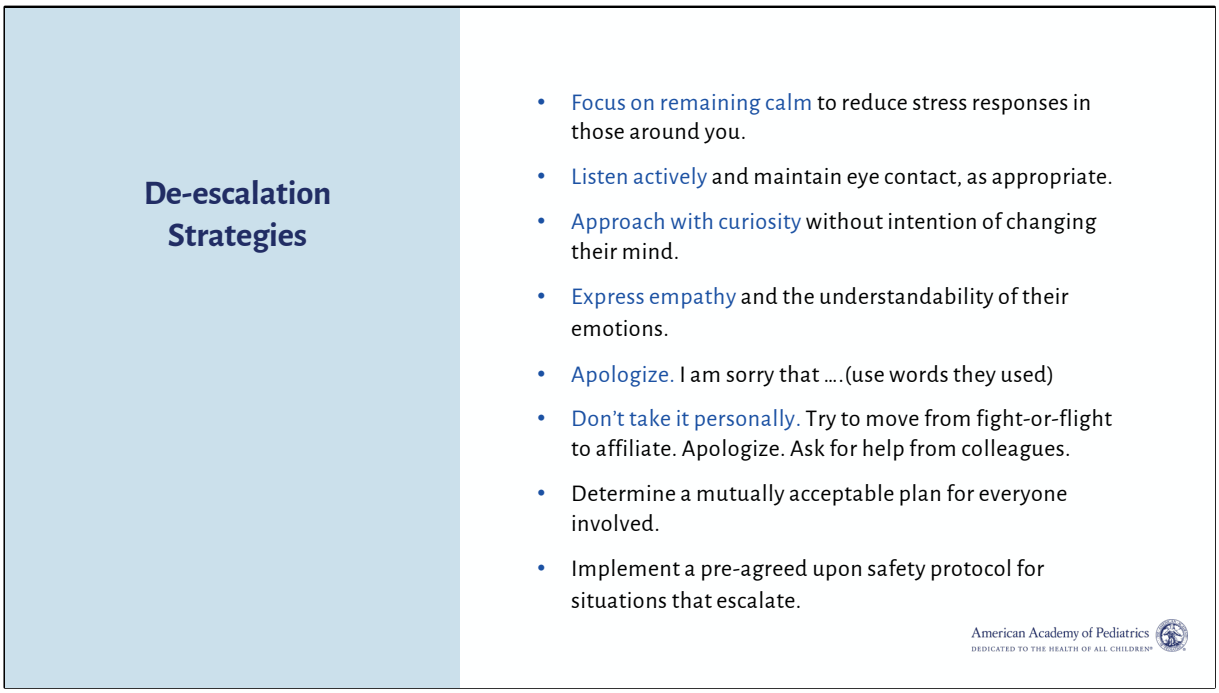
In trauma-informed care, we don't assume that families know what to expect during a visit. The clinical environment can be confusing or intimidating—especially for children—so clear, step-by-step communication helps build safety and trust. Let families know what's coming next: "First we'll check your height and weight, then you'll see Dr. for your checkup." Explain the why: "I'm checking your blood pressure to see how strong your heart is." Reinforce safety and engagement by checking in: "You'll feel a little squeeze—do you have any questions before we start?" These small explanations make a big difference. They help families feel informed, included, and safe.



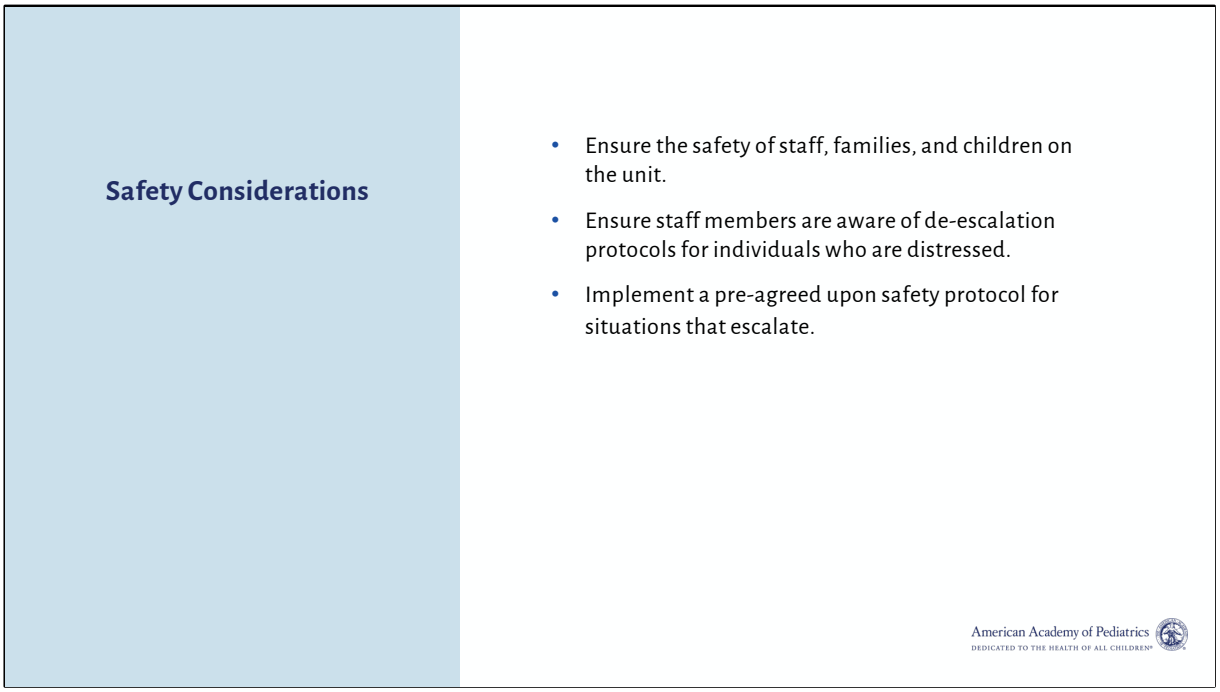
The following strategies help create a supportive and respectful environment for both families and staff. Take a deep breath to center yourself before answering the phone, entering a room, or interacting with a patient and family. Greet families warmly, ideally addressing the child first. Introduce yourself, state your role, and use respectful terms for caregivers. What does everyone prefer to be called? Titles like "mom" or "dad" should be confirmed if specifically indicated. Use culturally specific titles as appropriate. You can also empower families and patients by offering choices where appropriate. Involve parents and teens in discussions about their care to ensure that they have an appropriate understanding of what is going on. These are all approaches everyone on the clinical team can use and practice.



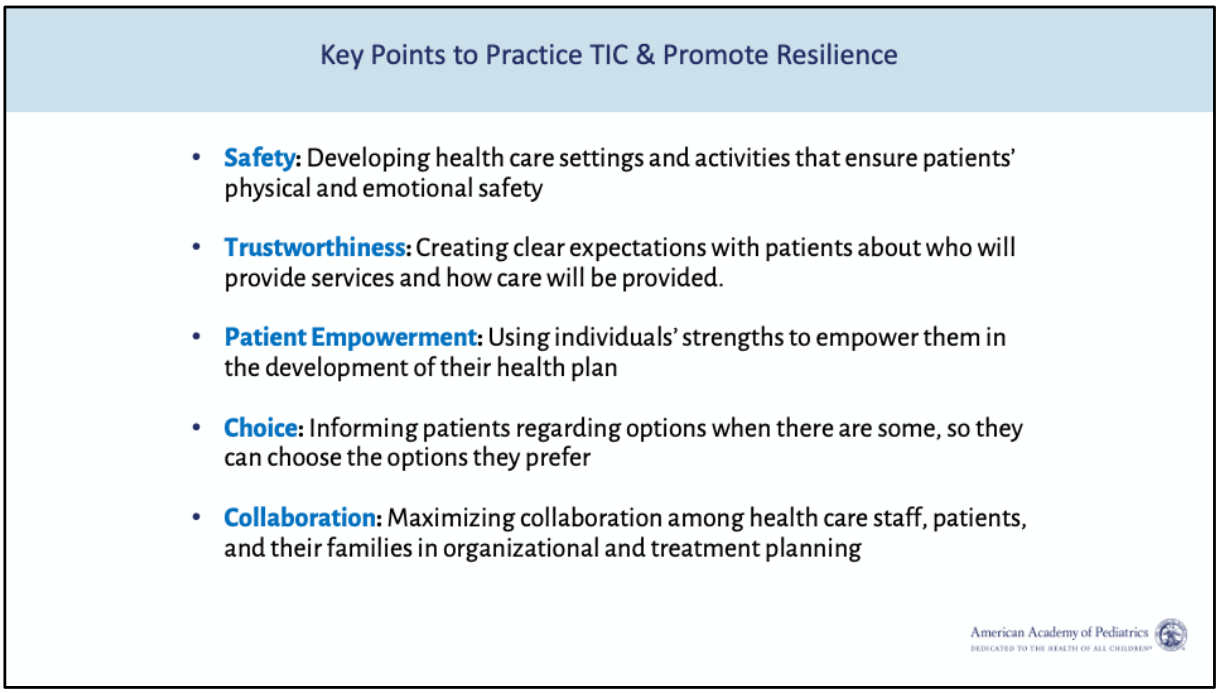
Families who are anxious, stressed, or demanding can trigger our own stress responses. It's important to keep in mind that we don't always know what they are carrying with them when they come to see us. In these situations, the most effective way to engage is by using affiliative responses and trauma-informed approaches. These strategies help us connect with the family in a way that is supportive and calming.

De-escalation techniques are essential in these moments, but it's important to remember that they must always prioritize the safety of staff, families, and children. These techniques include staying calm, actively listening, and maintaining appropriate eye contact, all of which can help soothe heightened emotions. It's critical that all staff are trained in how to support individuals who are in distress.

Note to users: these slides with listed examples can be adapted to your clinical setting's practices and procedures. Please consider discussing the de-escalation protocols specific to your clinical site.



Ensuring the safety of staff, families, and children on the unit is top priority. If a situation begins to escalate, a pre-established safety protocol should be immediately activated to ensure everyone's safety. Should the situation continue to escalate or pose a threat to the safety of others in the area, there should be an agreed-upon plan in place to protect everyone involved.



Everyone who interacts with patients has a role in creating a safe and welcoming environment for families and establishing a trusting relationship with them. We do this by empowering patients, offering choices, being collaborative, creating a physically and emotionally safe environment, and fostering trust with the patient and family. In summary, everyone on the patient's care team who interacts with the patient and their caregivers is building the relationship with families while modeling for caregivers what we are asking them to do with their child.

Homework: Resilience in Action

Resilience Promoters:

- Warm and friendly greeting especially for a family that is late/challenging
  - Example: Thank you for coming in today. We're so glad to see you. We know how challenging it is to get here.
- Offer a simple choice
  - Example: Which arm would you like me to take your blood pressure?
- Affirm positive caregiver-child interaction
  - Example: You speak so nicely with your child. You really listen to your child.

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Following this session, pick one of the resilience promoting strategies to try until our next session. A few options you might consider are listed on the slide for you.

Homework: Resilience in Action

- Pick one thing to try (think QI) - try it out in the clinic with patients/families
- Observe what happens
- Reflect on it
- Discuss as a team
- Make any changes, as needed
- Try again
- Report back next session

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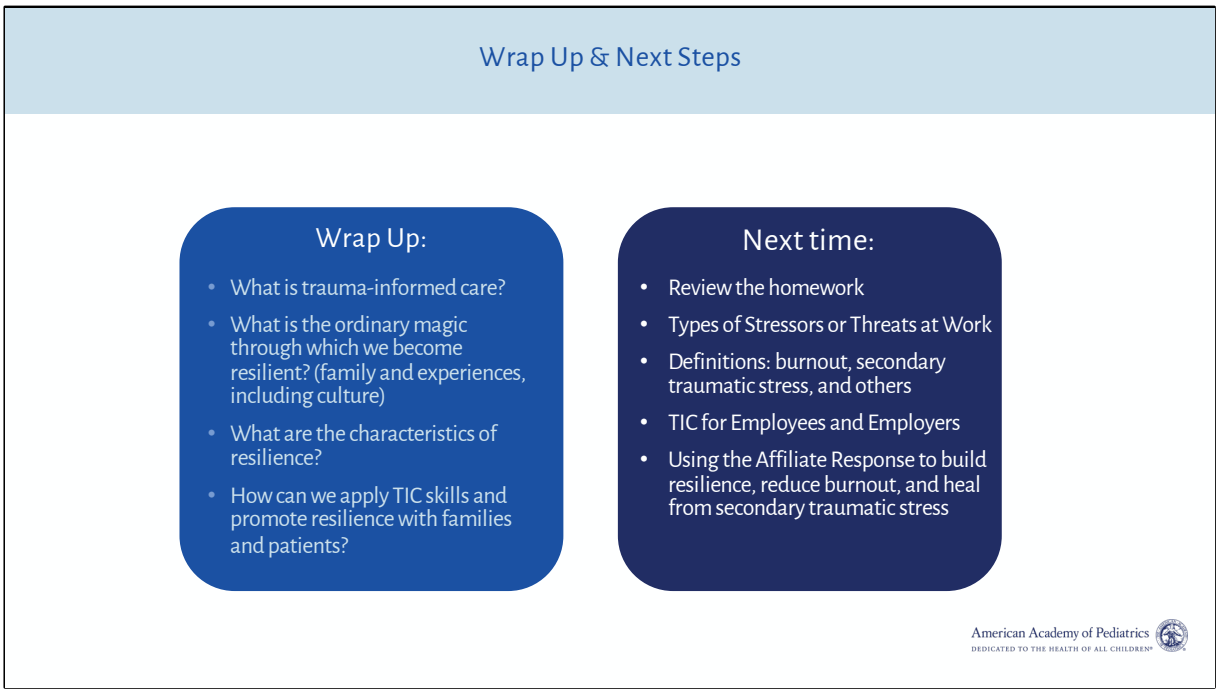
Try out this strategy with patients and families in the hospital. Observe what happens. Reflect on it. Discuss with your team. Adjust and make any changes to this skill as needed. Try it again. Report back at our next session.



In this section, we've covered several important concepts around trauma-informed care and resilience. First, we defined trauma-informed care. We also explored the idea of ordinary magic—the everyday processes through which we become resilient. Next, we looked at the characteristics of resilience. Finally, we discussed how we can apply trauma-informed care skills and promote resilience with families and patients. By integrating these principles into our interactions and approaches, we can support families in building their own resilience and provide care that is not only compassionate but also effective in fostering long-term healing. At our next session, we will review the homework from today's session, and then we will cover Session 3: Navigating Healthcare Stressors and Building Trauma-Informed Teams.

Trauma-informed care is relational care so it is only successful if each of us who work in a pediatric clinical setting know what it is and how to do it. It is a team-based approach to care that is resilience promoting, trauma aware and responsive, culturally humble, family and child-centered, and meets people where they are. It sounds like a big task, but this is work you are probably already doing every day without realizing it. So, let's get started on this training together!

Note to users: This training was adapted from the American Academy of Pediatrics (AAP) Pediatric Approach to Trauma, Treatment, and Resilience (PATTeR) project. This course is designed as a multi-session series that can be delivered in one sitting or over several sessions. These introductory slides (faculty, acknowledgements, important considerations) are repeated at the start of each session. If delivered in one sitting, these repeated slides can be hidden.

Faculty Involved in Training Development

Christine Thang, MD, FAAP

Assistant Professor of Pediatrics

Division of General Pediatrics

University of California Los Angeles

Samantha Kucaj, PsyD

Clinical Psychologist

Division of Developmental and Behavioral Pediatrics

University of California Los Angeles

Moira Szilagyi, MD, PhD, FAAP

Professor of Pediatrics

Division of General Pediatrics

University of California Los Angeles

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This training was developed by the following faculty.

Acknowledgements about Training Development

This training is supported by funding from the Centers for Disease Control and Prevention Center for State, Tribal, Local, and Territorial Support as part of an award to the American Academy of Pediatrics. The content is that of the authors and does not necessarily represent the official views of, nor an endorsement, by, the CDC or the U.S. Government. The Centers for Disease Control and Prevention had no role in the development, design or delivery the curriculum. The information and opinions expressed are solely those opinions of the study authors.

Training content has been adapted and expanded from the Pediatric Approach to Trauma, Treatment, and Resilience (PATTeR) project that was a collaborative effort among the American Academy of Pediatrics, the Department of Pediatrics at the University of California Los Angeles (UCLA, PI: Dr. Moira Szilagyi) and the University of Massachusetts (UMass, PI: Dr. Heather Forkey). Initial iterations of this content were supported by funding from the Substance Abuse and Mental Health Services Administration (SAMHSA): National Child Traumatic Stress Initiative – Category II: Pediatric Approach to Trauma, Treatment and Resilience project, grant #1U79SM080001-01. The content in this training does not represent the official views of, nor an endorsement by SAMSHA.

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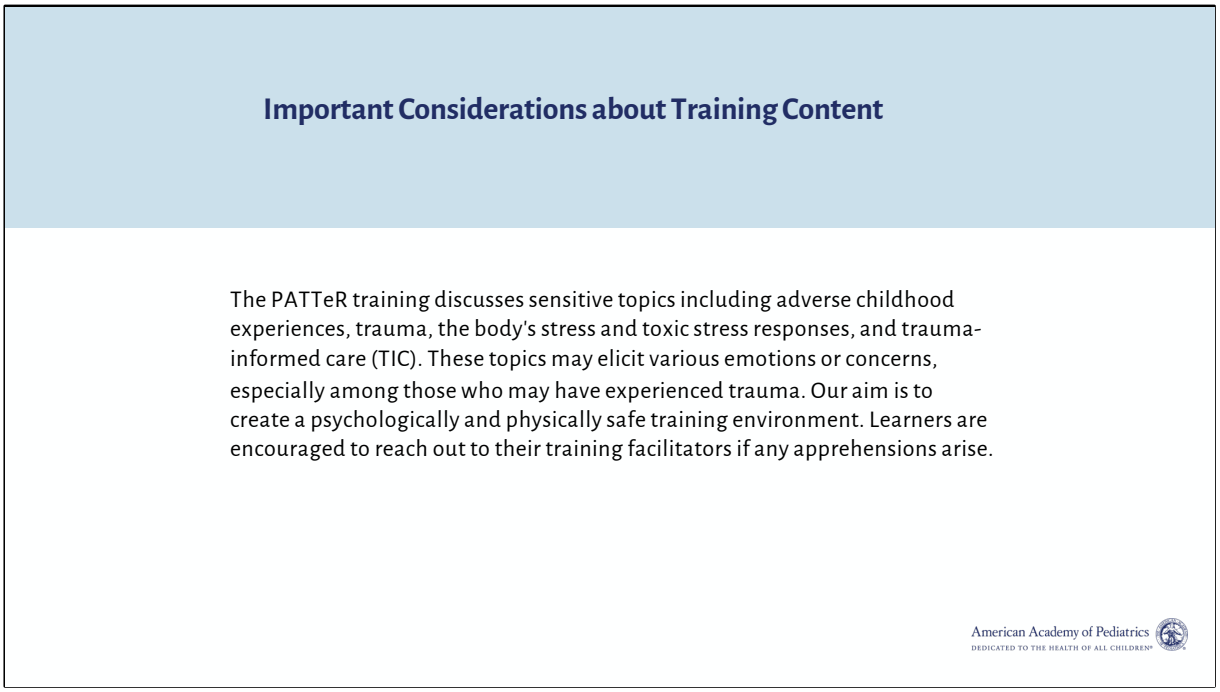
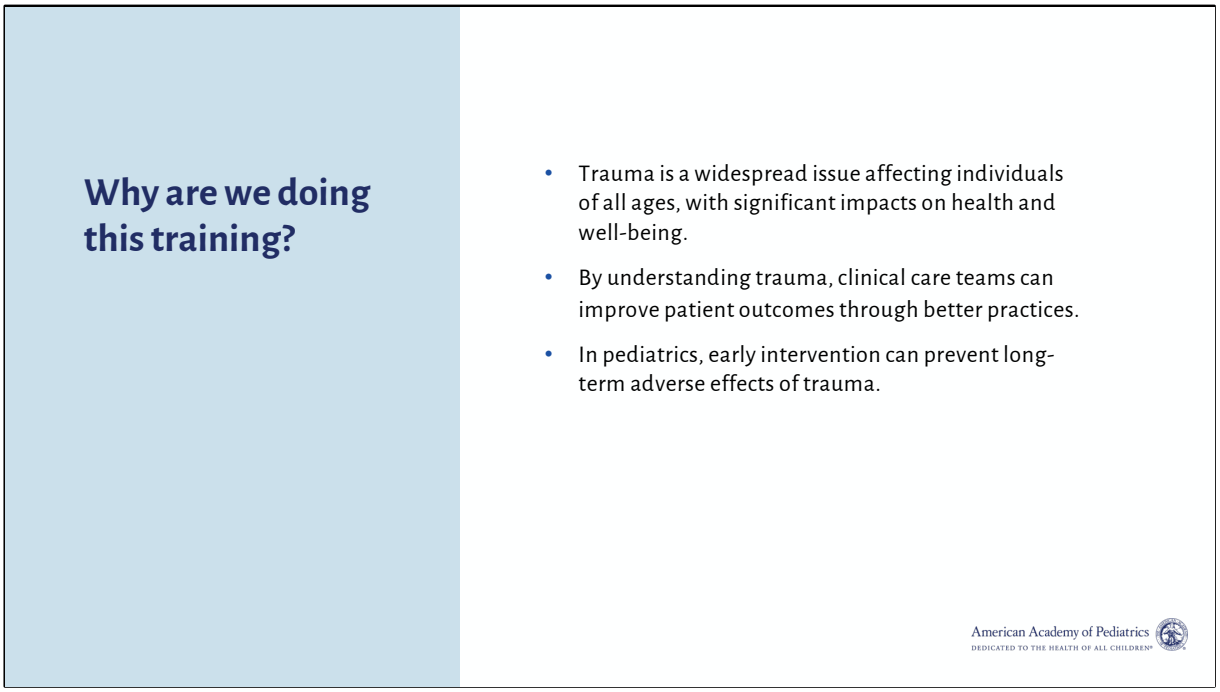
We acknowledge the following funding sources for the development of this training.

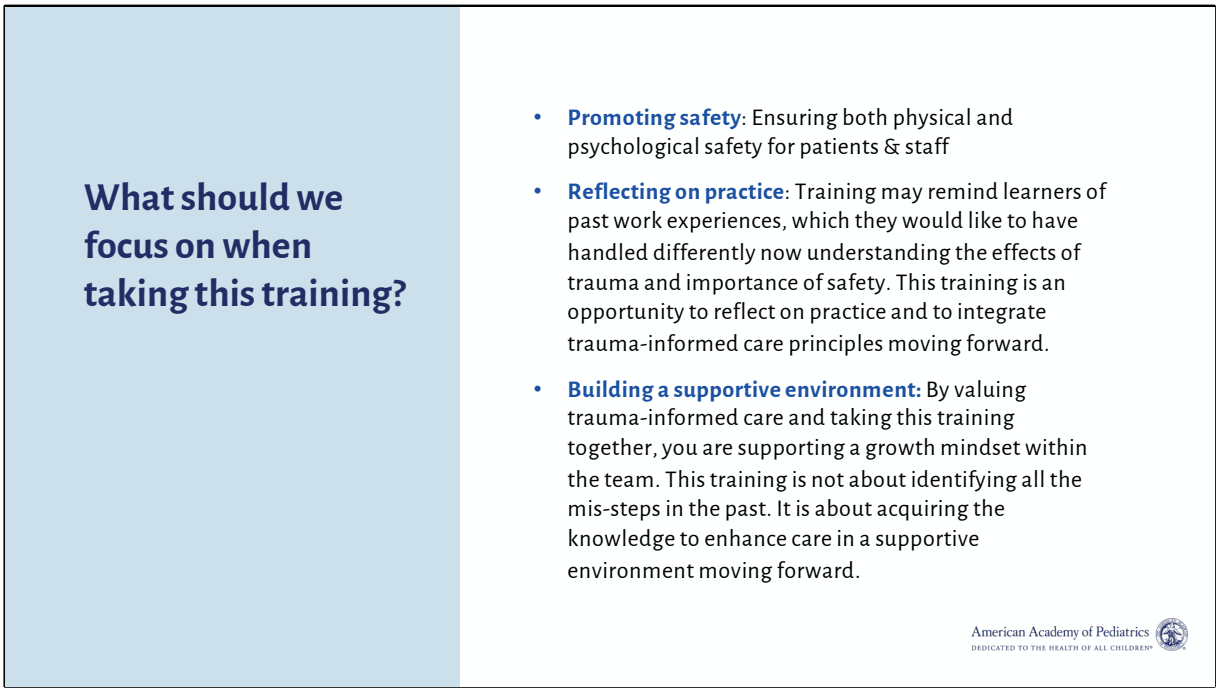
Note to users: Please do not remove this acknowledgement slide when providing the training.



The PATTeR training discusses sensitive topics including adverse childhood experiences, toxic stress response, trauma, and trauma-informed care. These topics may elicit various emotions or concerns. The aim is to create a psychologically and physically safe training environment. Learners are encouraged to reach out to their training facilitators if any apprehensions arise.



We know that trauma is a widespread issue affecting individuals of all ages, with significant impacts on health and well-being. By understanding trauma, clinical care teams can improve patient outcomes because we can improve practice. By doing this work in pediatrics settings, we can ensure that early interventions will prevent long-term adverse effects of trauma. By developing a comprehensive understanding of trauma, clinical care teams improve patient outcomes by improving practice.



This training is going to focus on 3 main areas for a trauma-informed clinical practice. That is the promotion of safety, reflection on practice, and how to build a supportive environment.

Let's recap from the last session.

Homework Recap: Resilience in Action

- **What did you try?**
  - Warm and friendly greeting especially for a family that is late/challenging
  - Offer a simple choice
  - Affirm positive caregiver-child interaction
- How did it go?
- What did you observe?

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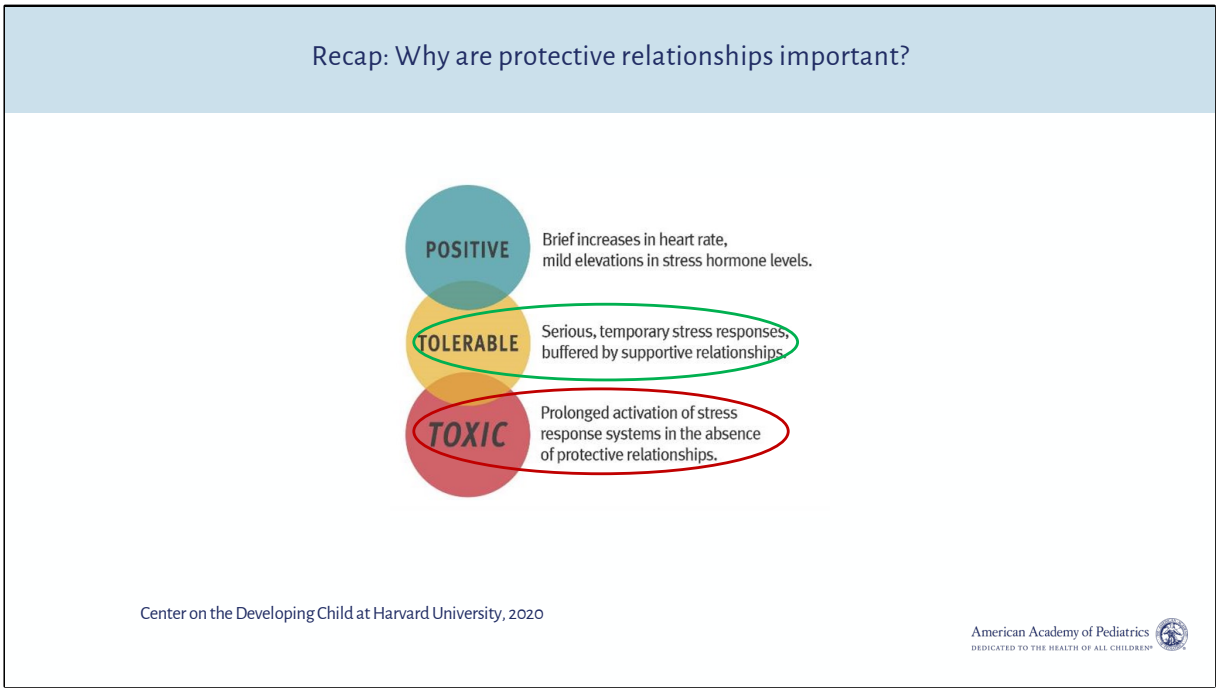
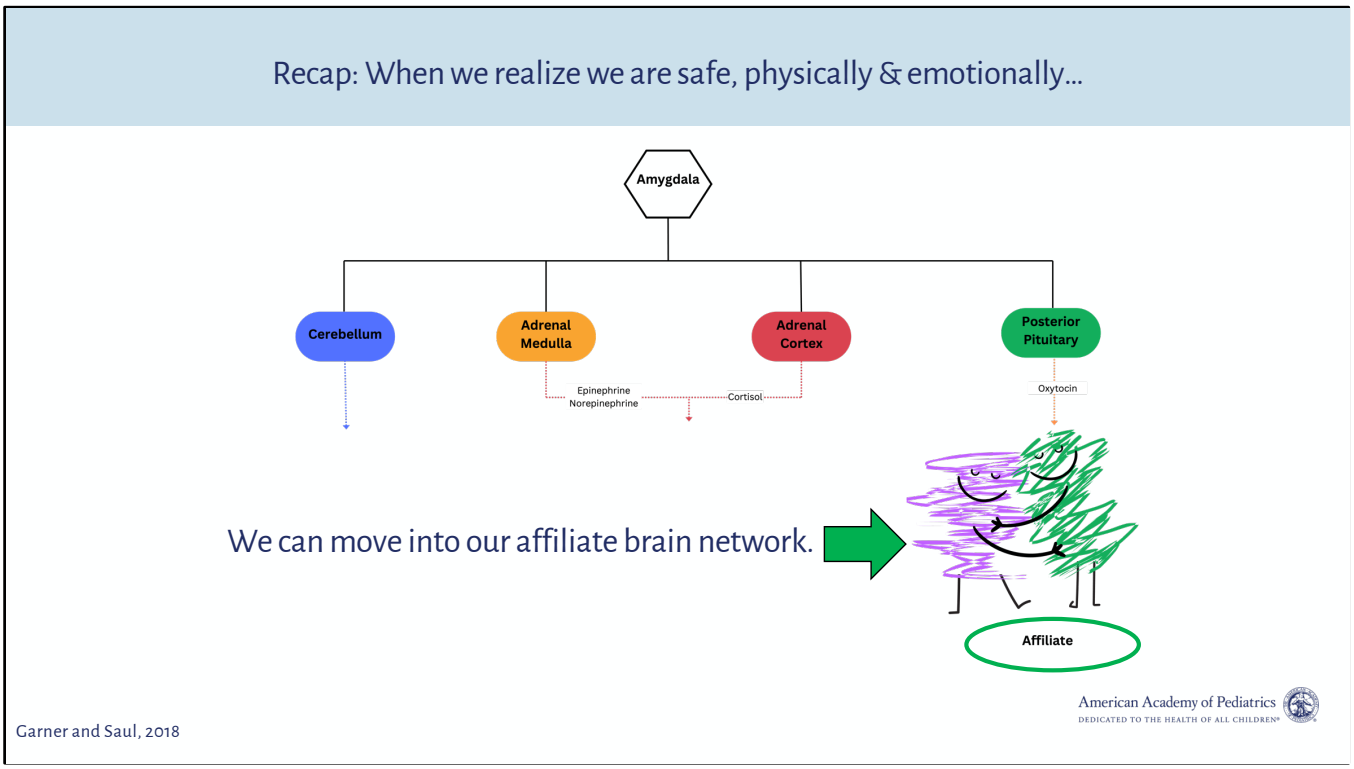
We left the last session trying a resilience promoting skill in practice. What did you try? A warm and friendly greeting? Offering a simple choice? Affirming positive interactions?
How did it go?
What did you observe?
Was it hard or easy?
How did your interactions change?



As we discussed previously, toxic stress occurs when a child's stress responses are frequently triggered without the presence of supportive relationships to help them cope. Similarly, adults can experience activated stress responses due to past or current trauma or stress, especially when they lack supportive relationships. This can be particularly true in high-demand work environments where systems are not using relational or trauma-informed principles.

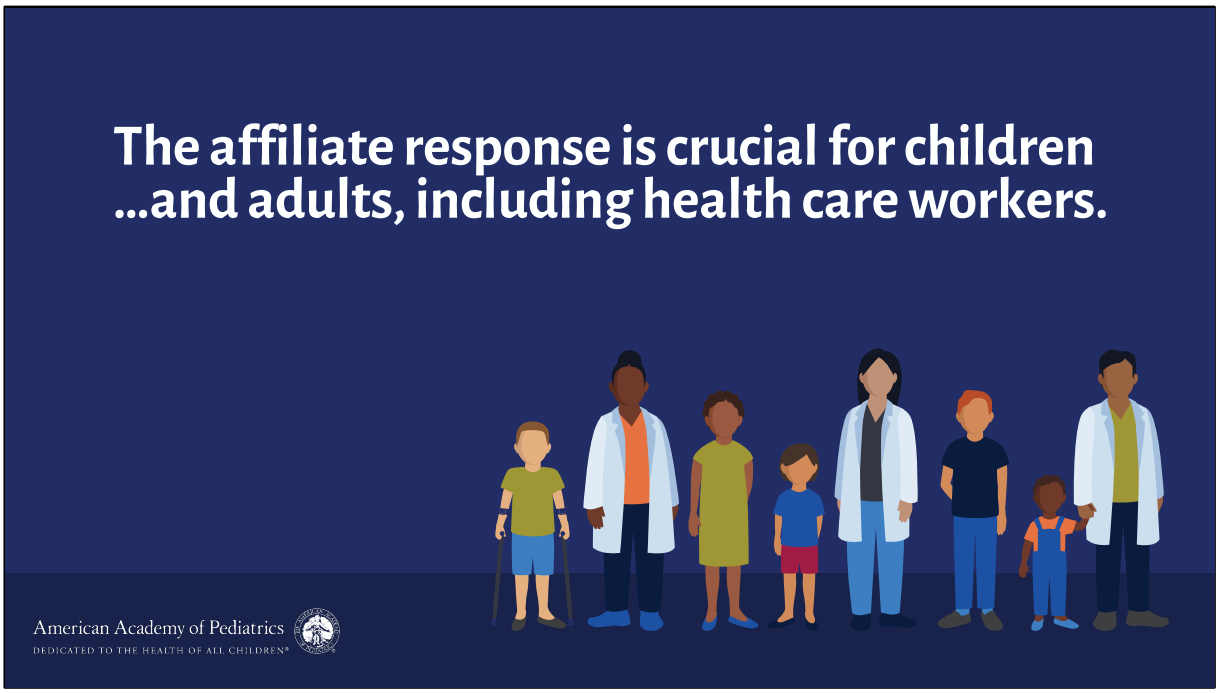
Many of us working in healthcare have our own histories of trauma and stress—these are the invisible burdens we carry with us each day. These personal experiences can influence how we approach our work and interact with others, including both colleagues and the families or patients we care for.

Reference: Center on the Developing Child at Harvard University. Toxic stress. Published August 17, 2020. Accessed July 29, 2024. https://developingchild.harvard.edu/science/key-concepts/toxic-stress/



When we realize that we are physically and emotionally safe, oxytocin dampens the stress hormone responses that lead to fight-flight-or-freeze and moves us to our affiliate brain network. Under threat, being able to turn to each other helps to dampen the stress responses, restores self-regulation, and brings us back to our thinking and learning brains.

Reference: Garner AS, Saul RA. Thinking developmentally: Nurturing wellness in childhood to promote lifelong health. American Academy of Pediatrics; 2018. doi:10.1542/9781610021531



The affiliate response is crucial for children and adults alike, including those of us who work in healthcare.

Course Outline

Session	Topic
Session 1	Foundations of Trauma-Informed (Relational) Care
Session 2	Promoting Resilience and Relational Health Skills in Practice
Session 3	**Navigating Healthcare Stressors and Building Trauma-Informed Teams**

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In this session, we will be covering healthcare stressors and building trauma-informed teams.

Overview of Session 3: Navigating Healthcare Stressors and Building Trauma-Informed Teams

- Types of Stressors or Threats at Work
- Definitions: burnout, moral injury, secondary traumatic stress
- Using the Affiliate Response to
  - build resilience,
  - reduce burnout, and
  - heal from secondary traumatic stress
- Importance of organizational and systems change
- Team-Building Strategies

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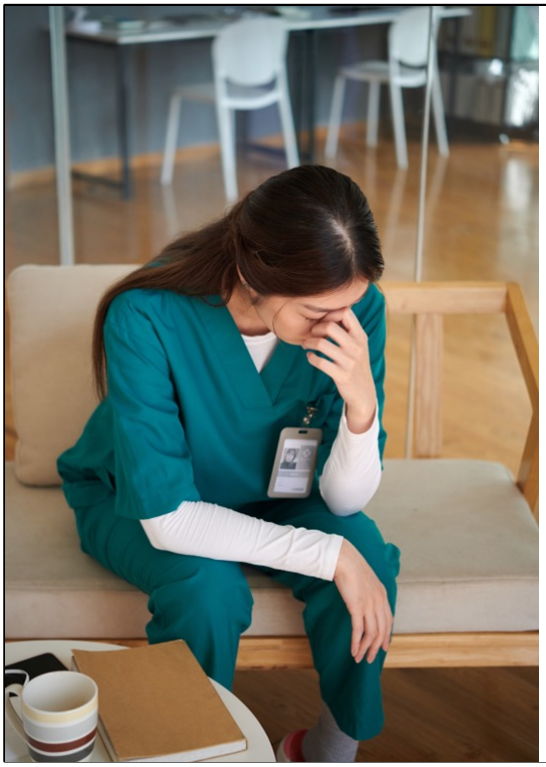
As part of our discussion, we will explore types of stressors or threats at work, how to use the affiliate response to build resilience, reduce burnout, and heal from secondary traumatic stress, the importance of organizational and systems change, and we will conclude with team building strategies.



Overview of Types of Threats at Work

- A **direct threat** or stressor (angry people or safety concern)
- **Moral injury** from not being able to provide the type of care we know children and families need
- **Secondary traumatic stress** resulting from learning about firsthand traumatic experiences of others: PTSD, anxiety, depression, FRAYED symptoms
- **Administrative harm** from system-level issues (e.g., productivity demands, EMR issues, lack of team support, etc.), which is a major cause of burnout.
- **Burnout** can result from prolonged exposure to the chronic stressors named above

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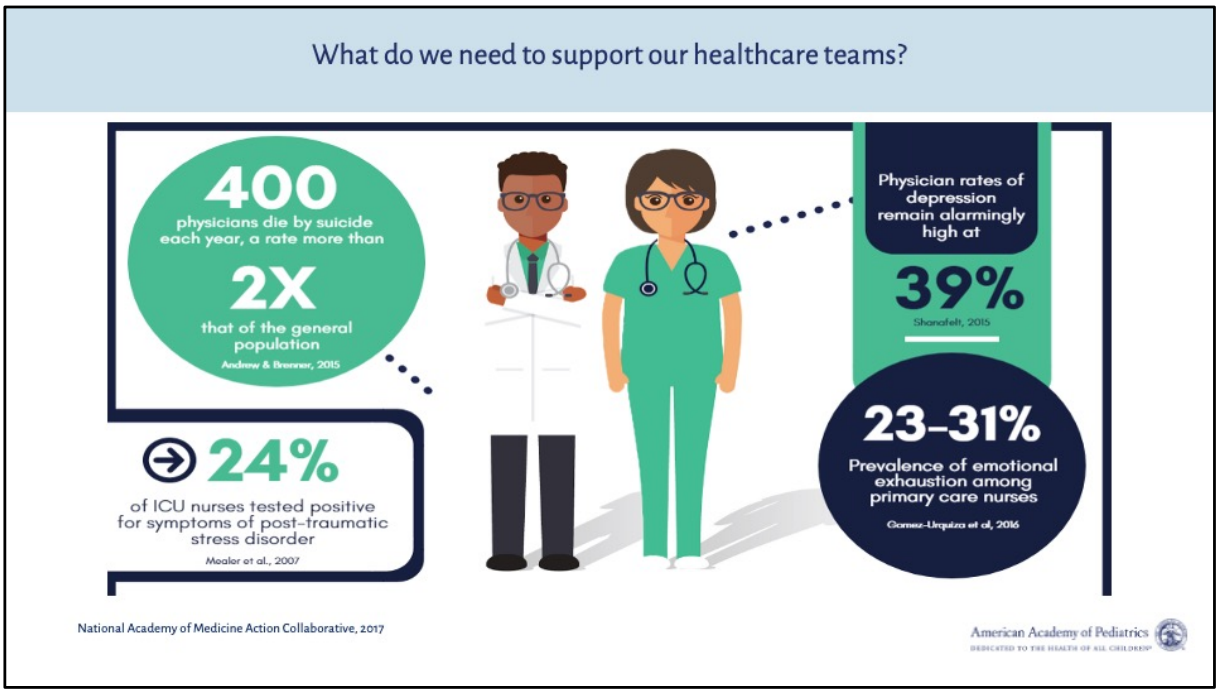
Healthcare environments can trigger our stress response systems in multiple significant and subtle ways. Our brain may interpret the presence of an angry parent, patient, or colleague as a direct threat. Chronic stressors, such as high productivity demands can lead to burnout. Experiencing moral injury from being unable to provide the level of care we know children and families need can be deeply distressing. We may also experience secondary or vicarious trauma from hearing about or witnessing the trauma experienced by others, especially when it involves children suffering. These stressors can occur simultaneously or overlap, affecting us in complex ways. Employees with their own trauma histories may be particularly susceptible to being re-traumatized by these experiences. All of the above can contribute to burnout.



Burnout and secondary traumatic stress in the healthcare workforce is not a minor thing. Staff can experience symptoms of post-traumatic stress disorder, depression, anxiety, and burnout. Most of what we know about this is based on surveys of nurses and physicians, but those who interact with families in other healthcare roles can also be affected.

Reference: National Academy of Medicine Action Collaborative on Clinician Well-Being and Resilience. Available at: https://nam.edu/initiatives/clinician-resilience-and-well-being/. Accessed July 29, 2024.

The Benefits of a Trauma-Informed Environment for Patients, Employers, and Employees

Beneficial for Patients

- Develops trusting relationship with provider
- Engages more fully in their health care
- Improves long-term health outcomes -- more likely to get to the underlying diagnosis
- Saves costs in the short and long term

Beneficial for Staff

- Reducing burnout, secondary traumatic stress
- Reduces staff turnover
- Increases job satisfaction and teamwork
- Increases patient safety, reduces mistakes
- Saves costs in short and long term

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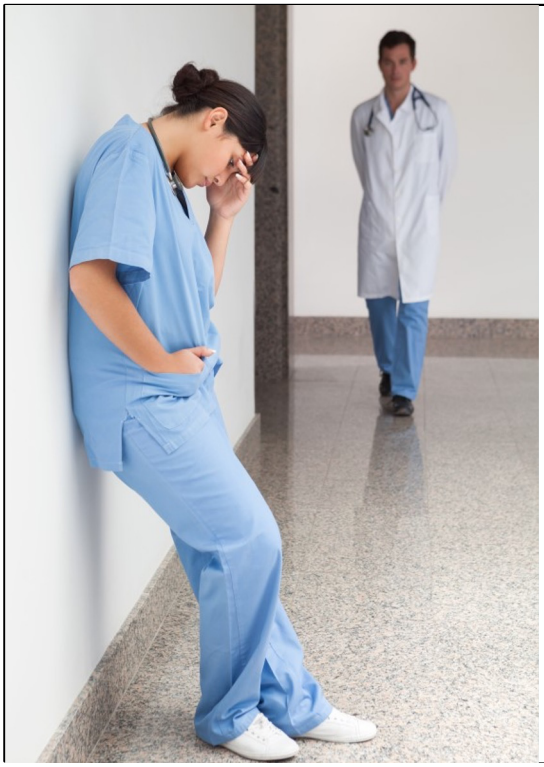
Adopting trauma informed care principles at an organizational and practice level leads to better outcomes for both patients and employees.
The advantages for patient care are the development of a trusting relationship with their provider, engaging more fully in their health, improved health outcomes, and overall cost savings in the short and long term. The advantages for employers and employees are a reduction in burnout and secondary traumatic stress, reduction in staff turnover, increase in job satisfaction, teamwork, and patient safety, fewer mistakes, and overall cost savings in the short and long term.



Burnout

Burnout is a state of physical, emotional, and mental exhaustion caused by prolonged and excessive stress. It often results from demanding work environments and can be characterized by:

- Overwhelming exhaustion
- Cynicism and detachment from the job
- Feelings of ineffectiveness and lack of accomplishment

Prior trauma and secondary traumatic stress (STS) can increase risk.

Maslach and Leiter, 2016

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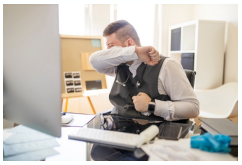
Burnout was first described as a result of general occupational stress. Burnout is defined as a state of physical, emotional, and mental exhaustion caused by prolonged and excessive stress. History of prior trauma and secondary traumatic stress can increase one's risk of experiencing burnout. It is characterized by overwhelming exhaustion, feelings of cynicism and detachment from the job, and a sense of ineffectiveness and lack of accomplishment.

Reference: Maslach C, Leiter MP. Understanding the burnout experience: Recent research and its implications for psychiatry. World Psychiatry. 2016;15(2):103-111. doi:10.1002/wps.20311

Signs and Symptoms of Burnout

Working hard & feeling drained without signs of production

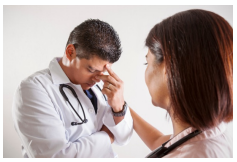
Sleeplessness



Frequent illness

Forgetfulness

Irritability with coworkers, friends & family



Depressed mood

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Burnout can manifest in various physical and emotional ways, significantly impacting an individual's perspective on their career and work. Recognizing the signs of burnout is crucial for timely intervention.

What are causes of burnout?

- Administrative harm
- Not being able to provide care as we believe it should be
- Unreasonable time pressures
- Unmanageable workloads
- Administrative demands
- Poor communication and support
- Lack of role clarity
- Unfair treatment
- Lack of reflective supervision

Lerner and Henke, 2008

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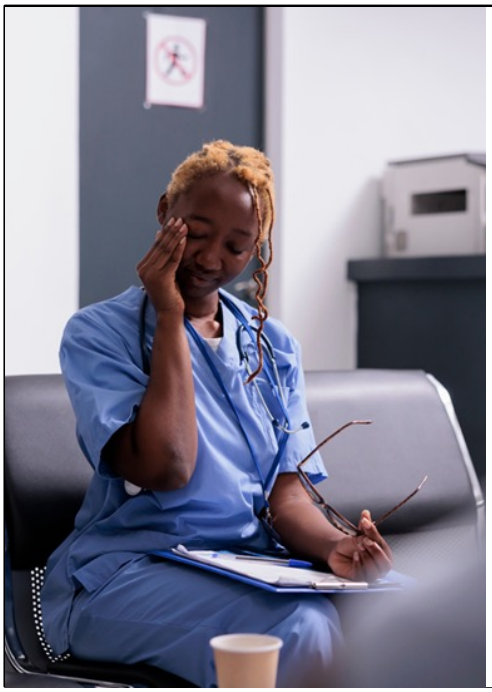
Occupational stressors that can contribute to burnout include the inability to provide care in the way we believe it should be delivered, often referred to as moral injury. Other factors include being asked to do too much in too little time, which leads to an unmanageable workload. This is often compounded by administrative demands, negative feedback, poor communication, and a lack of support. Additional stressors such as role ambiguity, unfair systems and treatment, as well as the absence of reflective supervision, all contribute to burnout. These are examples of administrative harm, which is a significant driver of burnout in our field.

Reference: Lerner D, Henke RM. What does research tell us about depression, job performance, and work productivity? J Occup Environ Med. 2008;50(4):401-410. doi:10.1097/JOM.0b013e31816bae50



Administrative Harm

- Refers to the stress and negative impacts on healthcare providers **caused by excessive bureaucratic tasks and inefficient systems**
- Contributes to burnout
- Is why trauma-informed care requires system-level changes
- Underscores importance of healthcare teams and why leadership support is needed

Burden et al., 2024

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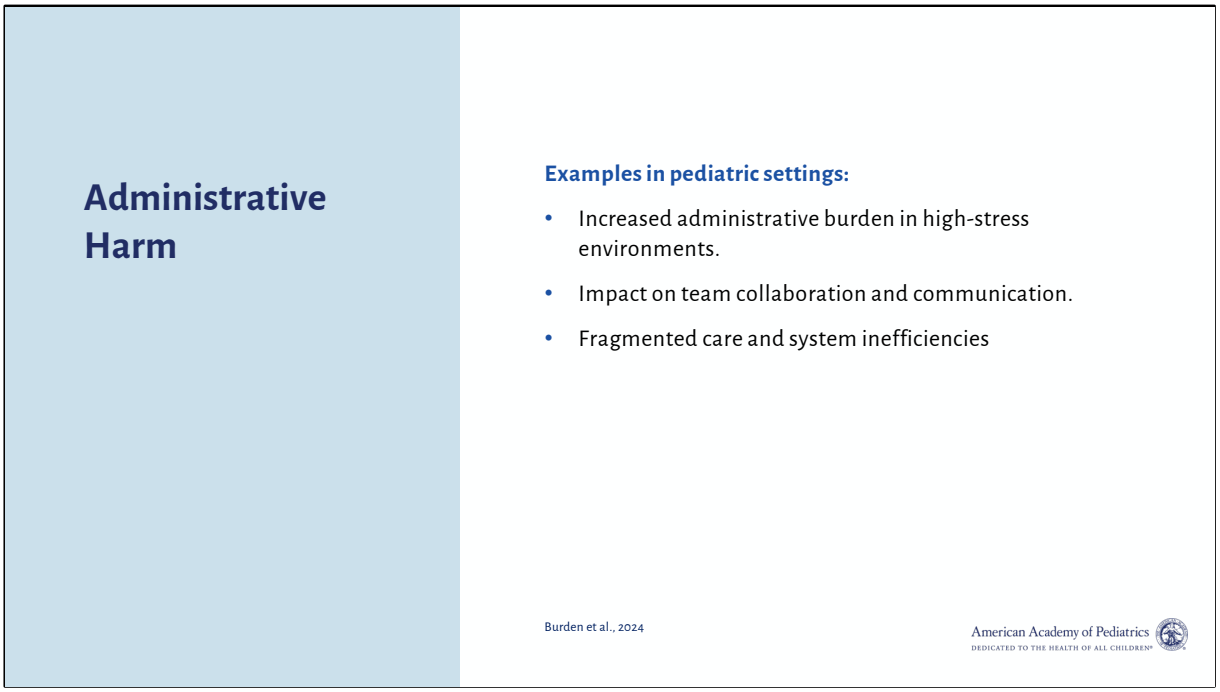
As we've discussed, administrative harm in healthcare contributes significantly to burnout. It refers to the stress and negative impact caused by excessive bureaucratic tasks and inefficient systems that divert time and energy away from direct patient care. This leads to frustration, fatigue, and burnout among healthcare providers. To address this, system-level changes are essential. Strong team dynamics and proactive leadership are key in advocating for the reduction of administrative harm.

Reference: Burden M, Astik G, Auerbach A, et al. Identifying and measuring administrative harms experienced by hospitalists and administrative leaders. JAMA Intern Med. 2024. Advance online publication. doi:10.1001/jamainternmed.2024.1890



Clinical settings are often overwhelmed with high patient volumes, complex cases, and high-stakes decisions. In these environments, administrative tasks such as excessive paperwork, lengthy documentation, and bureaucratic procedures can take time away from direct patient care and contribute to burnout. This becomes even more problematic when the workload is high, and the systems are not designed to handle the complexities of pediatric care. Administrative harm also often undermines team collaboration, which is critical in pediatric settings where multiple providers - for example: nurses, physicians, social workers, and child life specialists - must coordinate care. The lack of support or resources to manage administrative tasks effectively can harm communication and create tension within healthcare teams, which can ultimately affect patient outcomes. Administrative systems that prioritize speed over thoroughness or create unnecessary barriers for providers can result in fragmented care. This contributes to moral injury and burnout, especially when healthcare workers feel they cannot provide holistic, high-quality care due to these systemic inefficiencies.

Moral Injury

- Moral injury extends beyond burnout to capture the **deep sense of distress when staff are unable to provide the care or service necessary.**
- Moral injury can lead to feelings of guilt, shame, and emotional exhaustion, which can impact both personal well-being and professional fulfillment.
- Administrative harm can directly cause moral injury.

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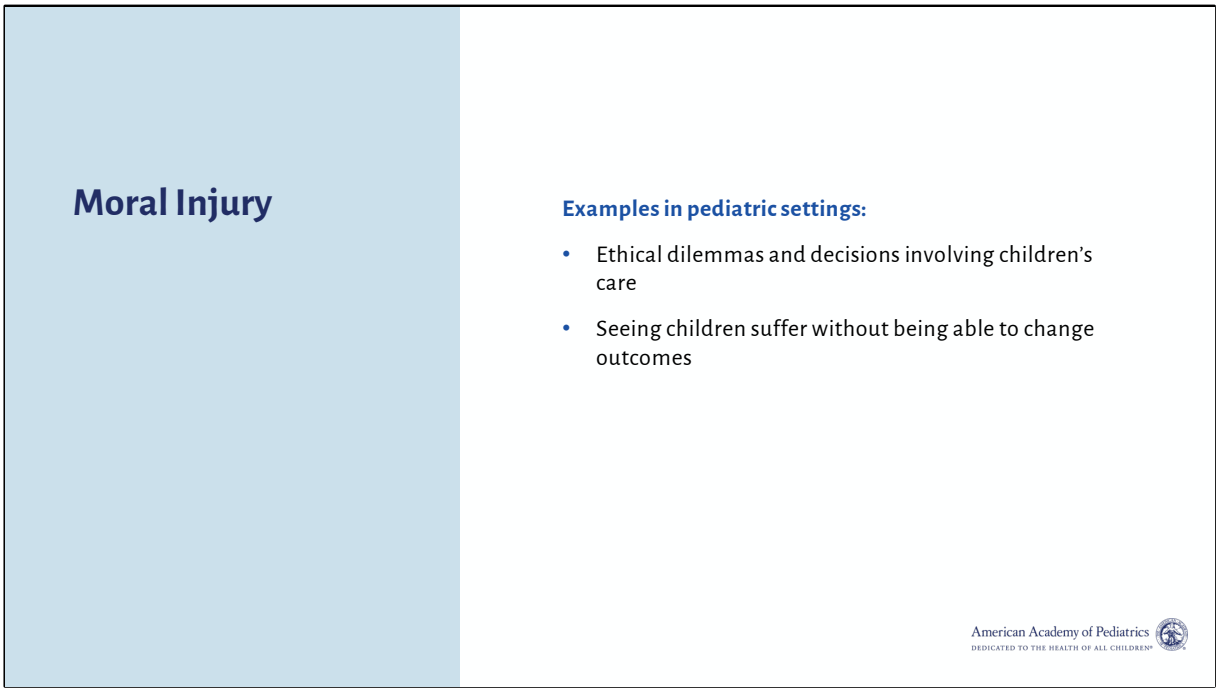
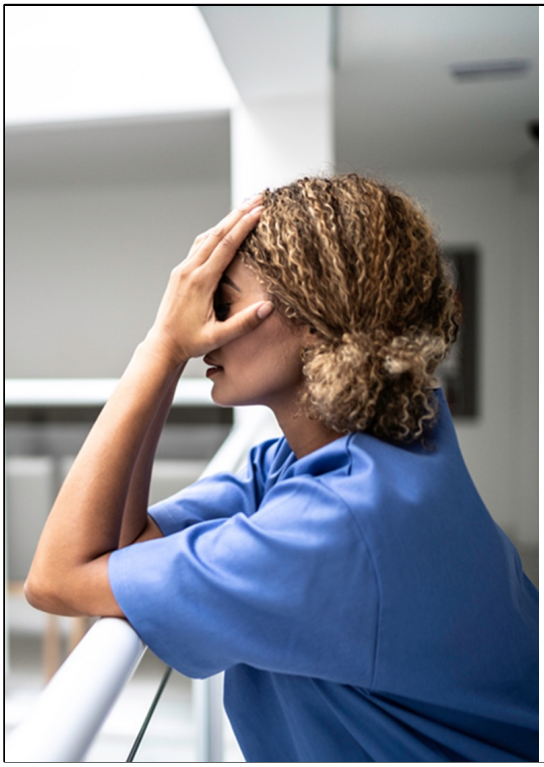
Moral injury goes beyond burnout to capture the deep sense of distress that arises when staff are unable to provide the care or service they believe is necessary. This sense of conflict between personal values and the demands of the job can be profoundly unsettling. We may think to ourselves – "I am not practicing the type of medicine that I thought I was going to be practicing because of all of these other demands." One key contributor to moral injury is administrative harm, which can directly cause this type of distress. When systems or policies prevent healthcare providers from delivering the care they know is right, it creates a significant moral burden.



In pediatric settings, providers are often faced with challenging ethical decisions, such as end-of-life care, difficult treatments, or interventions where the child's quality of life is weighed against potential outcomes. When they feel unable to act in accordance with their moral beliefs or are forced to make difficult decisions due to system constraints, moral injury can arise. Providers may experience moral injury when they witness children suffering, knowing that certain treatments may not be effective or when they are unable to offer the care they believe is best due to resource limitations, administrative constraints, or family wishes.



Secondary Traumatic Stress (STS)

- STS is the **emotional duress that results when an individual hears about or witnesses the firsthand trauma experiences of another.**
- It occurs among professionals who work with trauma survivors.
- Symptoms often mimic those of post-traumatic stress disorder (PTSD).
- The importance that pediatric professionals place on protecting children may make them particularly vulnerable to being traumatized by a child's suffering.

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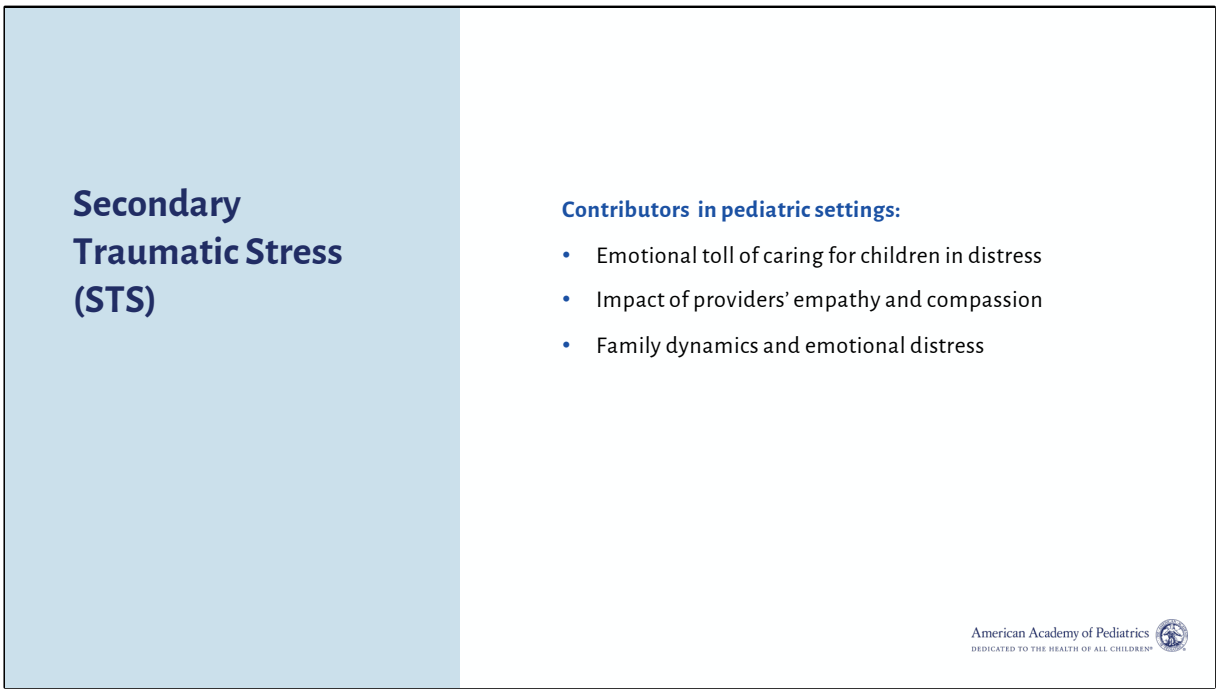
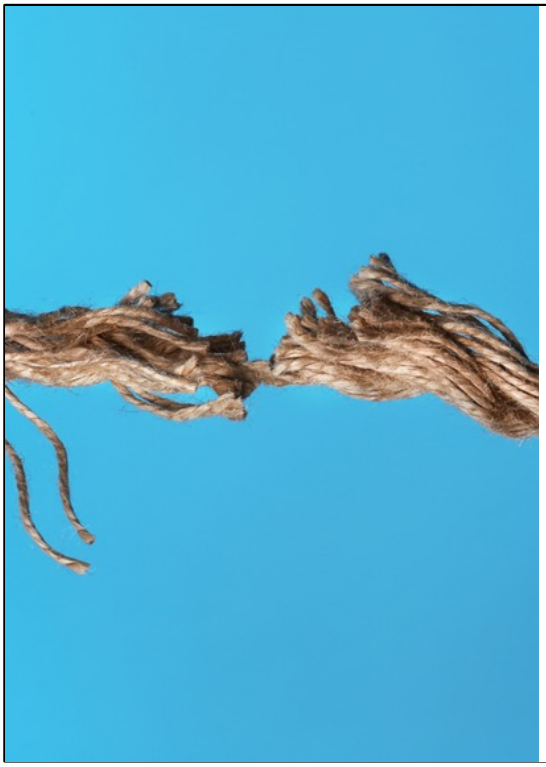
Secondary traumatic stress (STS) is defined as the emotional duress that results when an individual hears about or witnesses the firsthand trauma experiences of another. In pediatric health settings, we frequently encounter the suffering of children and families, whether due to medical issues or significant social challenges. This exposure can activate our stress responses, potentially leading to feelings of distress, withdrawal, irritability, or depression. Our resilience skills are often tested under these conditions, highlighting the need for supportive strategies to manage these emotional challenges effectively.



Pediatric healthcare providers often work closely with children who are suffering from serious illnesses, trauma, or injuries. This can lead to secondary traumatic stress (STS) as they witness these experiences and become emotionally affected by the pain and suffering of their young patients. In pediatric settings, caregivers might internalize the trauma of their patients, which can lead to compassion fatigue or burnout. The ongoing exposure to suffering, particularly of vulnerable children, can lead to emotional exhaustion, detachment, and feelings of helplessness. In addition, providers don't just interact with the child but also with distressed parents and families. The stressors of seeing children in pain, alongside supporting families through their emotional experiences, can contribute to STS. It's important to recognize the dual emotional burden healthcare workers carry in these environments.



STS Can Look Like

FRAYED Trauma Symptoms

Fits, **F**rets, and **F**ears
Regulation problems: emotional or behavioral
Attachment: affecting our own relationships
Yelling and yawning: behavioral regulation, poor sleep
Educational: learning/thinking problems
Dysregulated/depressed

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Staff members and providers may even experience many of the same symptoms seen patients who are FRAYED. Recall the FRAYED symptoms from our previous session, which are outlined for you here. Because staff are not impervious to the effects of trauma, it is crucial that those in leadership roles are also trained in trauma informed care and primed to recognize when staff are FRAYED so that they may respond appropriately.

How do we go from this…

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So, how do we go from this?

… to this?

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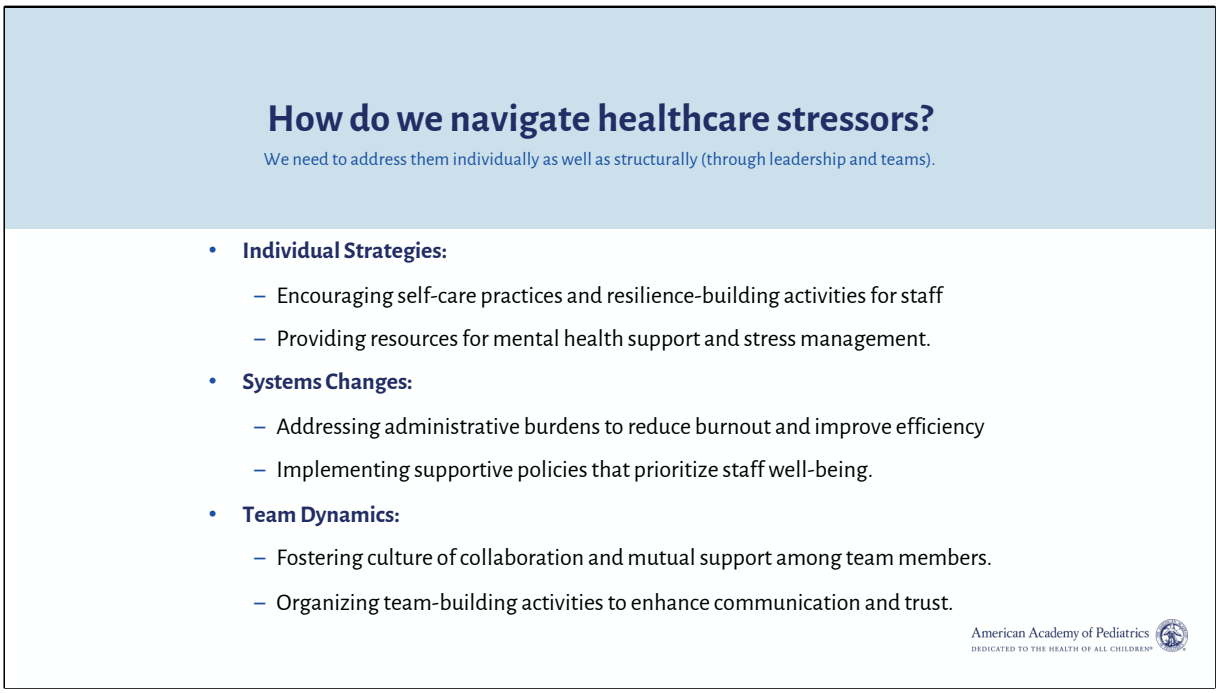
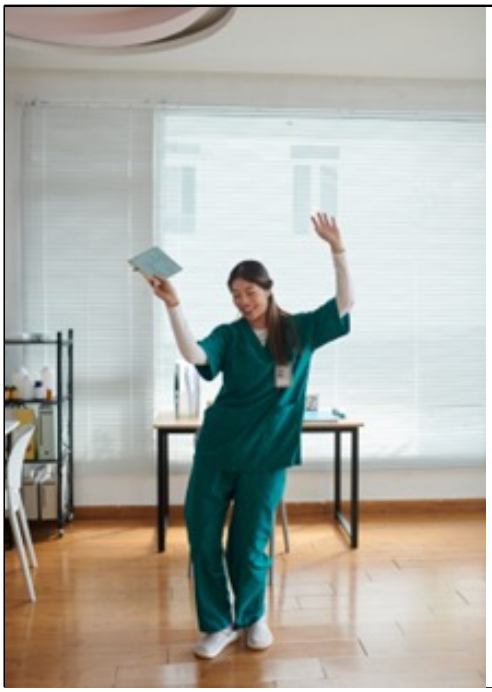
To this?



We know individual self-care is important, AND there are things we need the team and leadership to do. To navigate healthcare stressors, we can implement strategies at the individual, systems, and team levels. **Individually,** staff should be encouraged to engage in self-care and resilience-building activities. Providing access to mental health resources and stress management support is crucial for their well-being. **At the systems level,** reducing administrative burdens and improving efficiency can help reduce burnout. Implementing policies that prioritize staff well-being, such as flexible schedules and adequate breaks, is essential. **For team dynamics,** fostering a culture of collaboration and support is key. Team-building activities can strengthen communication and trust, creating a positive work environment where staff feel supported.

You can develop clear strategies to manage stress that work for you as an individual. Self-care strategies such as eating a healthy diet, getting plenty of exercise, and spending time outdoors and away from screens, as well as engaging in healthy sleep habits and hobbies that one finds enjoyable and that bring pleasure, may help reduce some of the effects of a high stress job. It is also important to make sure that you take your regularly scheduled breaks and use your sick time when you are sick. Use your vacation time, and use it regularly to structure short and long breaks away from the office into your yearly work schedule. You've earned the time – so use it! Time away from the office should be used to truly mentally disconnect from work, not just physically disconnect. This is easier said than done -- being able to take a look at how you spend and structure your vacation time and see if there are ways you can make adjustments and utilize supports available to you can be a small step in the right direction.

Adapted from the Stress Busters available from: Bhushan D, Kotz K, McCall J, et al. Roadmap for resilience: The California Surgeon General's report on adverse childhood experiences, toxic stress, and health. Office of the California Surgeon General; 2020. DOI: 10.48019/PEAM8812



How Can We Weave Our Own THREADS?

- **Thinking and learning brain** – Service, excellence, curative competence, and compassion are key to finding joy and meaning in the work we do
- **Hope** – Restoring meaning and hope is essential
- **Regulation or self-control** – Self compassion, reframing, often supported by others
- **Efficacy** – Find ways to reconnect with whatever in life is meaningful and gives you purpose
- **Attachment** – Connect with others in and outside of medicine
- **Developmental skill mastery** – Self-awareness and self-care
- **Social connectedness** – Appreciation and gratitude

Forkey et al. (2021)

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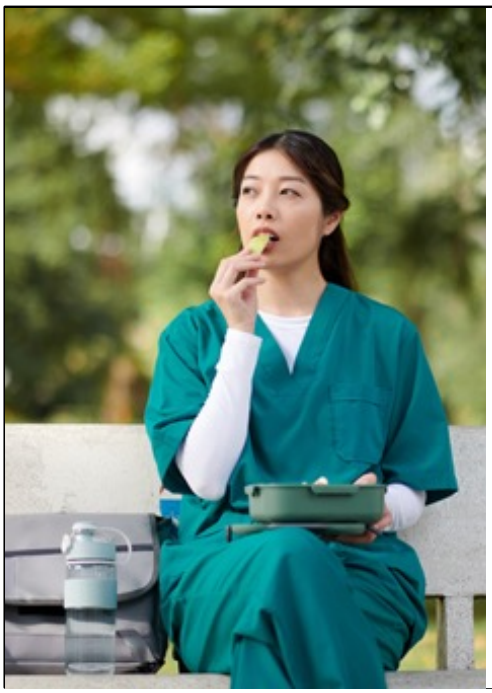
Another way to frame this is to think about ways that we can weave our own THREADS. This includes fostering our own thinking and learning brains; restoring meaning and hope in our work; staying regulated through self-compassion and reframing; being efficacious in reconnecting with our meaning and purpose; building our attachments with one other in and out of work; developing our own self-awareness and self-care; and strengthening our social connections through appreciation and gratitude. That is weaving our own THREADS.



How to Support Individual Self-Care at Work

- **Allocate Time & Space**: Encourage activities like mindfulness, meditation, deep breathing, and exercise.
- **Healthy Lunch Options**: Provide time for lunch and healthy food choices.
- **Group & Individual Options**: Activities can be group-based to leverage community or enjoyed individually.
- **Respect Workloads**: Ensure self-care breaks do not interfere with lunch or increase workload stress. Manage workloads to allow for regular self-care.

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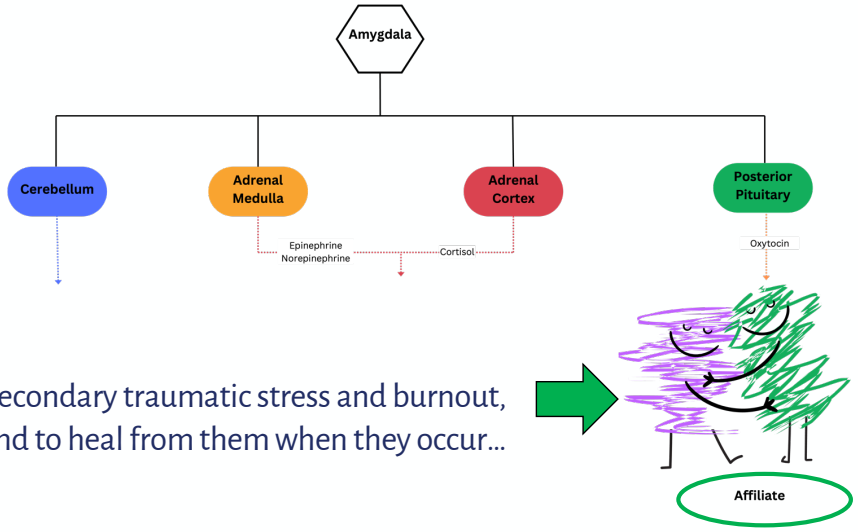
Organizations can support its staff during the workday by carving out time and space for self-care activities including mindfulness, meditation, deep breathing, and exercise. Additionally, employees should be given ample time for lunch and options for healthy food. Activities are best done in a group as it takes advantage of the affiliate network...though also can be enjoyed alone if preferred. Time that is carved out for self-care activities during the workday should not impede on an employee's lunch break, or cause additional stress due to creating a backlog of work that needs to be caught up on. Rather, workloads should be managed in a way that promotes time for self-care.

We Need the Team and Leadership to Activate the Affiliate Response



To prevent secondary traumatic stress and burnout, and to heal from them when they occur...

Garner and Saul, 2018

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Preventing secondary traumatic stress and burnout, and healing from them when they occur, relies heavily on activating the affiliate response. This requires creating systems that are trauma-aware, trauma-responsive, and promote relationships and resilience. Such systems must also be culturally humble and anti-racist, both for the families served and for the workforce. So, what does that look like when we apply it to a system?

Reference: Garner AS, Saul RA. Thinking developmentally: Nurturing wellness in childhood to promote lifelong health. American Academy of Pediatrics; 2018. doi:10.1542/9781610021531

Training in trauma-informed care for leaders in healthcare settings has significant benefits for both staff members and providers. Leaders who are educated in trauma-informed care principles are better equipped to create a supportive and understanding work environment. This approach fosters a culture of empathy and respect, which can reduce stress and burnout among staff. It encourages effective communication and collaboration, as team members feel valued and understood. Additionally, such training can enhance the overall quality of care provided to patients, as staff are more attuned to the impacts of trauma on individuals' health.

Trauma-Informed Systems Demonstrate Commitment through:

- **Leadership Support**: Adopting financing and protocols for trauma-informed approaches.
- **Engagement**: Listening to workforce and patient concerns.
- **Education and Training**: Providing universal trauma-informed care education.
- **Team-Based Care**: Supporting team-based care and collaborative care models.
- **Effective Communication**: Ensuring transparent, bidirectional communication.
- **Reflective Supervision**: Implementing reflective supervision models.
- **Reducing Administrative Harm**: Reducing unnecessary tasks.
- **Quality Improvement**: Applying QI to reduce administrative harm. Monitoring and measuring employee well-being, teamwork.

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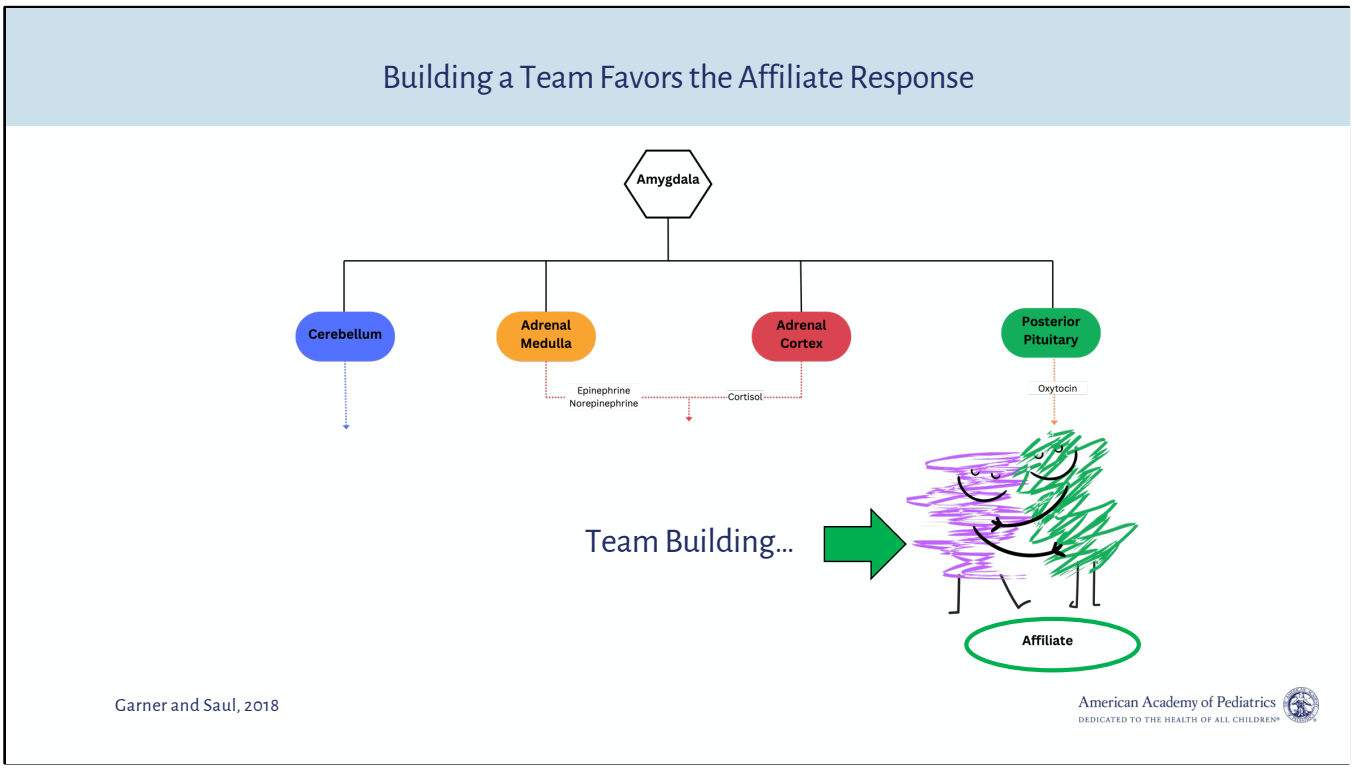
A trauma informed system will have leadership that shows its commitment by adopting financing and protocols that support trauma-informed approaches such as listening to the concerns of its workforce and patients, providing universal education and training in trauma informed care, supporting team-based care, engaging in transparent and effective bi-directional communication, supporting a reflective supervision model, reducing unnecessary administrative tasks and monitoring, and by measuring and improving care and the work environment through the application of quality improvement strategies.

Note to users: We have a leadership training too. Here, we share some principles of TIC that leadership is responsible for and needs to know about.

At both the organizational level and the front-line, building a team that shares a common mission around relational care, team wellness and member well-being is fundamental to building a trusting relationship with families -- to engaging in trauma informed care and resilience promoting work with families.



Just as families and patients can experience threat and enter a fight-or-flight state, so can healthcare providers. While healthcare is challenging, it can also be joyful and rewarding. A team that shares a physically and emotionally safe work environment, a common mission and vision, transparent communication, and mutual support helps everyone stay in an affiliate state. This allows us to depend on each other, remain well-regulated, and function effectively in our thinking and learning brains. This environment benefits the workforce, those we serve, and the organization as a whole.

Reference: Garner AS, Saul RA. Thinking developmentally: Nurturing wellness in childhood to promote lifelong health. American Academy of Pediatrics; 2018. doi:10.1542/9781610021531

Trauma-informed care (TIC) is built on six core principles, and effective teamwork aligns closely with these principles.

Camaraderie: Fostering a supportive environment promotes safety, which is key to TIC. When we feel safe within the team, we can extend that safety to our patients.

Shared goals: Clear, aligned goals build trust, both within the team and with patients, ensuring reliable care.

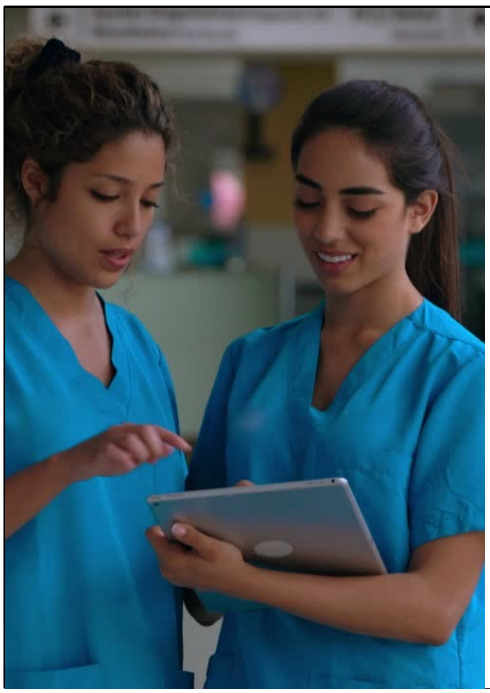
Caring: Supporting each other strengthens peer relationships, which in turn promotes resilience and better care for patients.

Communication: Open, honest communication ensures that every team member's voice is valued, enhancing teamwork and decision-making.

Collaboration: Valuing diverse inputs empowers team members and integrates their perspectives into care plans.

Diversity: Embracing diverse backgrounds ensures culturally responsive, inclusive care for both patients and team members.

By fostering these principles, we enhance both team dynamics and trauma-informed care.



Team-Building Strategies in Clinical Settings

- **At Team Meetings,** discuss:
  - Effective patient care practices
  - Identified barriers
  - Improvement suggestions
- **During Team Huddles**, address:
  - Team successes and challenges
  - Workload sharing
- **Develop Support Systems**:
  - "Affiliate Buddy" for support and breaks
  - Trauma-Informed Care (TIC) champion to lead and promote initiatives
- **Continuous Learning**: Update training as new members join, and provider refreshers when new information becomes available

Panagioti et al., 2017

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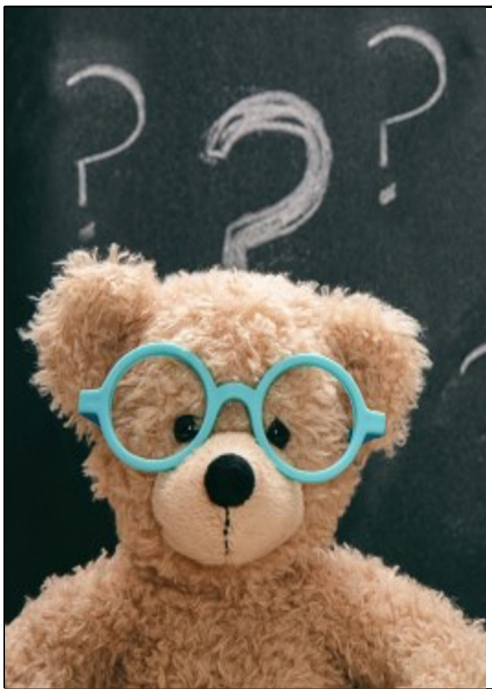
This slide highlights team-building strategies that enhance our clinical environment, especially after trauma-informed training.
We begin with care team meetings or team huddles. Discuss what's working, barriers we face, and ideas for improvement. These huddles help with feedback, workload management, and preventing burnout. Implementing an "Affiliate Buddy" system can provide support for team members. Having a Trauma-Informed Care (TIC) champion is crucial. This individual leads and promotes our trauma-informed initiatives, ensuring that we maintain a consistent and supportive environment. Lastly, it's important to keep our training updated, especially as new members join our team or as new information emerges. This ensures that everyone is on the same page and equipped with the latest knowledge and skills. These strategies foster a supportive, informed team, improving both professional well-being and patient care.

Reference: Panagioti M, Panagopoulou E, Bower P, et al. Controlled interventions to reduce burnout in physicians: A systematic review and meta-analysis. JAMA Intern Med. 2017;177(2):195-205. doi:10.1001/jamainternmed.2016.7674



Reflect as a Team

- What have you learned?
- What are your team's strengths and challenges in implementing trauma-informed care?
- How can you support your team?
- How can your team, your organization, your leadership, etc. support you?
- What are next steps to implement trauma-informed care?

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Take this moment to reflect on what new information you've learned in this training, what you may already be doing that is trauma-informed, the support you have or may be lacking, and ways your team communicates, shares goals, and work collaboratively. Finally, consider what areas are team strengths and where does your team face challenges?

Final "Homework"

- We leave you with this last bit of "homework" to engage in continuous reflection and application of TIC principles.
- How can you continue to leverage the affiliate response in working to improve patient and family experience and to build a more collegial work environment?
- We appreciate you taking the time to complete the post-training survey link.

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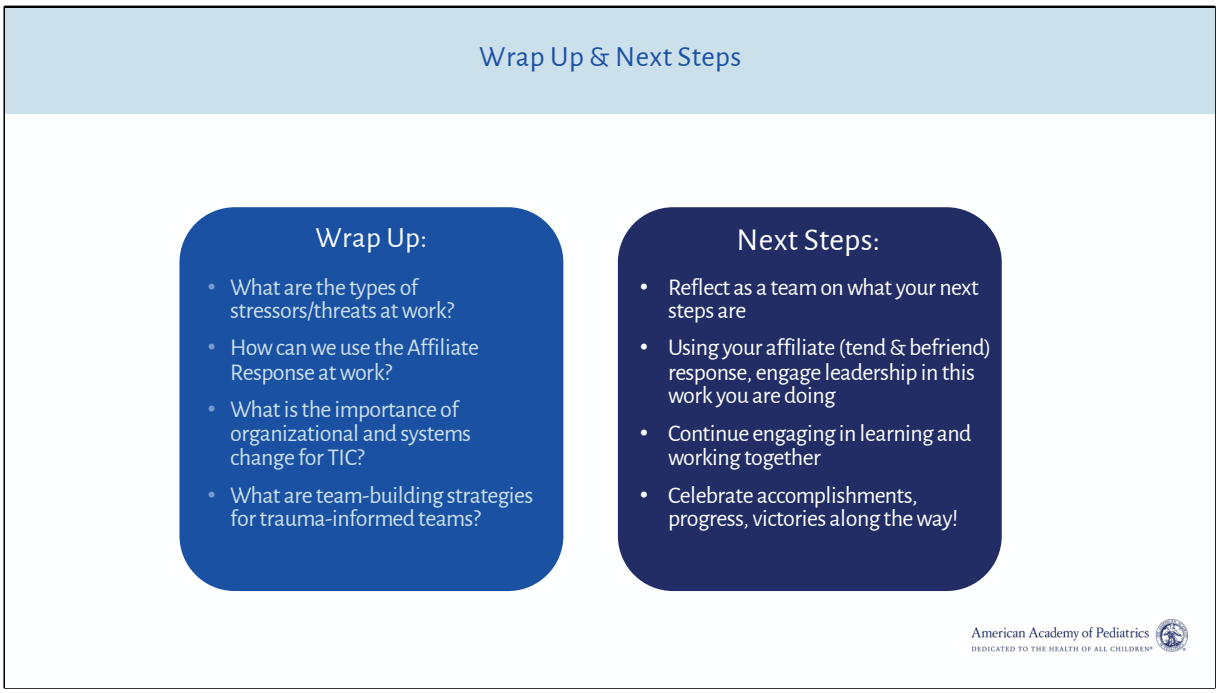
And finally, we leave you with this last piece of homework which is to use the affiliate response to transform your organizational culture and delivery of patient care.

Thank you so much for your time and participation!



To wrap up this session, we covered the types of stressors at work, how to use the affiliate response at work, the importance of organizational and systems change for TIC, and strategies to build a trauma-informed team. As we leave this session, the next steps are up to you – what is your team going to do? And, take a moment to celebrate doing this work together!

{Share post-training survey link to participants}

Evaluations

https://www.surveymonkey.com/r/D95WXWW

Post-Training Evaluation for Participants

Ask learners to complete this evaluation *after* the training.

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Evaluations

https://www.surveymonkey.com/r/7XSL7NS

Feedback Survey for Training Facilitators

For training facilitators to provide feedback about using the training toolkit.

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National Center for
Relational Health & Trauma-Informed Care
Nurturing Relationships, Supporting Families

- Empowers pediatric health care professionals to:
  - Promote safe, stable, nurturing relationships
  - Recognize & treat trauma
  - Provide guidance & support to help children & families thrive
- Accomplishing this mission through:
  - Strategic collaborations with pediatricians and other pediatric health care professionals, organizational & community partners, and families
  - Timely training and education
  - Implementation support and technical assistance
  - Robust communications and messaging
- In partnership with & funded by the CDC
- Co-Medical Directors are Drs. Moira Szilagyi & Heather Forkey.
- To learn more, visit www.aap.org/TIC

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Note for Users: Please consider the following when referencing the material.

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Evaluations

PATTeR Training for the Clinical Team – Post-Training Evaluation Survey for Learners

https://www.surveymonkey.com/r/D95WXWW

Thank you for participating in the Pediatric Approach to Trauma Treatment and Resilience (PATTeR) Training for the Clinic Team. Your feedback is essential in helping us improve and refine this training. Please take a few minutes to share your thoughts and insights based on your experience. Your responses are entirely anonymous and will help us enhance future training and better support trauma-informed care practices.

* 1. What is your current role?
Physician
Physician Associate
Nurse
Nurse Practitioner
Medical Assistant
Social Worker
Psychologist
Receptionist
Administrative Staff
Trainee (eg Student/Resident/Fellow)
Other (please specify)

* 2. What is the name of your clinical setting?

3. In what setting did you participate in this training?
Academic (Teaching) Hospital / Clinic
Non-Academic Hospital / Clinic
Private Clinical Practice
Community Health Center
Federally Qualified Health Center
Rural Health Center

Urban Health Clinic
Non-Medical Setting
Other (please specify)

* 4. How would you rate your overall satisfaction with the training?
Excellent
Very Good
Good
Fair
Poor

* 5. How relevant was the training content to your daily work responsibilities?
Extremely relevant
Somewhat relevant
Neutral
Not very relevant
Not relevant at all

* 6. What did you like most about the training?

7. The training increased my knowledge of trauma-informed care
Strongly agree
Agree
Neutral
Disagree
Strongly disagree

* 8. What key insights or skills did you gain from the training?

* 9. Do you plan to make changes to your practice based on what you learned?
Yes, definitely
Yes, somewhat
No, not yet
No, I don’t plan to change
I don’t know

10. What practice changes do you plan to make based on what you learned?

* 11. How do you anticipate this training will affect the patients and families you work with?

* 12. I feel more equipped to promote resilience and healing in patients after completing this training.
Strongly agree
Agree
Neutral
Disagree
Strongly disagree

* 13. What additional topics or content would you like to see in future sessions?

14. Any other feedback or comments about the training?

PATTeR Training for the Clinical Team - Feedback Survey for Facilitators

https://www.surveymonkey.com/r/7XSL7NS

Thank you for taking the time to pilot the Pediatric Approach to Trauma Treatment and Resilience (PATTeR) Training for Clinic Staff. Your feedback regarding the implementation of this training in your clinical setting is crucial to improving the program and ensuring it meets our goals. Your responses are entirely anonymous and will help us improve the training by providing your feedback on the following questions.

* 1. Who facilitated the training? (e.g., Pediatrician from the clinic)

* 2. In what setting did you pilot the training? (Please select which category best describes your setting).
Academic (Teaching) Hospital / Clinic
Non-Academic Hospital / Clinic
Private Clinical Practice
Community Health Center
Federally Qualified Health Center
Rural Health Center
Urban Health Clinic
Non-Medical Setting
Other (please specify)

* 3. In what setting did you pilot the training? (Please select which category best describes your setting).
Academic (Teaching) Hospital / Clinic
Non-Academic Hospital / Clinic
Private Clinical Practice
Community Health Center
Federally Qualified Health Center

Rural Health Center
Urban Health Clinic
Non-Medical Setting
Other (please specify)

* 4. How many staff participated in the training?

* 5. How did you implement the training?
In-person meeting
Virtual meeting
Hybrid meeting
Other (please specify)

* 6. How did you schedule the training (e.g., Three 1-hr sessions weekly for three weeks)

7. Did you find the Facilitator Guide helpful in implementing the training? If so, how? If not, why not?

8. Did you utilize the following resources in the training: worksheets, training slides, short videos, training slides, etc.? Please answer questions 9-12 accordingly.
Yes
No

9. Did you find the Training Slides to be helpful? Did you use the Training Slides as-is, or did you adapt them? If adapted, what changes did you make and why?

10. Did you find the Worksheets to be helpful? If so, how? If not, why not?

11. Did you find the Short Videos to be helpful? If so, how? If not, why not? Which were most/least helpful?

12. Did you find the Infographics to be helpful? If so, how? If not, why not? Which were most/least useful?

* 13. Were there any materials or topics missing from the training that we should consider adding?

* 14. Were you able to adapt the training so it was interactive and engaging for staff? Please share some of your strategies.

* 15. Would you use this training again in your clinical setting? Why or why not?

16. Is there any other feedback you'd like to share?

Resources

Infographics
PTSS Tools
TIC ECHO flyer

Overview Course of a Pediatric Trauma-Informed Care Visit WITH Families

WONDER

- **Approach Mindfully:** Pause, clear your mind, and take a deep breath before stepping into the room.
- **Engage with Intent:** Greet both the caregiver and child warmly, introduce yourself, and ask about any concerns they may have.
- **Observe and Acknowledge:** Ensure safety by being mindful of verbal and non-verbal cues. Pay attention to interactions between the youth and caregiver and acknowledge what you notice.
- **Frame Positively:** Emphasize hope and positive reinforcement. Avoid overly focusing on challenges. Shift toward positive or supportive language (e.g., "I see they are very active. How do you manage their energy at home?").

INVESTIGATE

- **History Taking:** Gather medical, developmental, social, and mental health histories. Explore stressors, strengths, and recent changes. Ask about caregiver's history, supports and needs.
- **Screening:** Explain the screening in simple terms to the family, then use validated tools to identify trauma symptoms.
- **Physical Exam:** Ensure the youth feels safe and in control during exam. Explain what is happening and offer simple choices.

TREAT

- **Assessment:** Synthesize the history, screening, and examination into a brief assessment that considers trauma as a potential factor when applicable.
- **Provide Psychoeducation:** Briefly explain connection between what has happened to the child and the current concerns. Validate and normalize trauma responses.
- **Anticipatory Guidance**: Explain how to use affiliate response to promote healing.
- **Referrals & Resources**: Refer to evidence-based trauma-informed mental health care, as needed. Provide recommendations to strengthen the caregiver-child relationship. Coordinate with community services.
- **Medications are seldom indicated:** except for short-term use for acute symptoms.

HOPE

- **Offer Hope:** Share outlook that things will get better and that there is opportunity for recovery.
- **Partner with Families:** Collaborate in a family-centered, culturally sensitive manner. Consider small steps for families to be successful.
- **Coordinate Care:** Engage in care coordination to facilitate access and address barriers to care.
- **Follow-Up:** Schedule return visits to monitor progress, especially after introducing new skills. Adjust the care plan as needed.

PATTeRx
Pediatric Approach to Trauma, Treatment and Resilience

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Detailed Course of a Pediatric Trauma-Informed Care Visit WITH Families

Wonder

Wondering with families is how we build trust.

- **Approach Mindfully:** Take a deep breath before entering the room, stand or sit comfortably with your back straight and shoulders relaxed. Clear your mind and shift focus to the visit ahead.
- **Engage:** Enter the room with a smile, make eye contact, and be mindful of cultural preferences regarding personal space and eye contact. Clearly state your name and role in a way that is respectful and culturally sensitive: “Hello, I’m Dr. [Your Name], your pediatrician.” Tailor your approach to ensure the family feels comfortable and respected.
- **Observe:** Observation begins as soon as you enter the room and continues through the visit. Notice how they communicate and respond to each other.
- **Practice Attuned Listening:** Speak in a calm, steady tone, and use reassuring words and phrase. Nod and make small verbal acknowledgements: “I understand” or “I see,” and use open body language.
- **Acknowledge Strengths and Positive Interactions:** Observe and verbalize positive behaviors and supportive interactions, such as praise, affection, and cooperation between family members. Take mental or written notes of these strengths to provide feedback and encouragement to the family. (To child: “I like how you cooperate”; To caregiver: “I like how you are monitoring your child”; To child & caregiver: “You two really seem to click. I like the way you listen to each other.”)

Investigate

Investigation involves observation, history-taking, surveillance, screening, and examination while engaging the family.

- **History Taking:** Look at the patient and family when asking questions. Maintain eye contact, listen attentively, and summarize their responses. Briefly document important information.
- **Surveillance:** Use motivational interviewing to explore concerns, child behaviors, development, daily routines, and family stressors, as well as how these stressors are managed. Discuss the caregiver’s own childhood experiences and how they influence their parenting, their goals for their family, and how concerns or stressors affect their parenting. Ask about daily routines that support the child’s emotional and physical needs: “Can you tell me about a typical day with your child?” or “How do you comfort your child when they are upset?” Inquire about the caregiver’s stress levels, coping mechanisms, and family structure and supports: “What challenges do you face as a caregiver?” or “How do you manage stress at home?”
- **Screen for** development, maternal depression, mental health, social determinants of health, trauma symptoms, and strengths.
- **Physical Exam:** Before starting the examination, explain what you will be doing and narrate your actions: “I’m going to check your ears now by placing my hand…,” and only uncover the area being examined.
- **Assess Caregiver-Child Interaction:** Note any signs of positive engagement, such as eye contact, comforting touch, and active listening.
- **Acknowledge and praise the child’s cooperation and bravery during the exam:** “You’re doing a great job. Thank you for being so patient.”
- **Offer simple choices:** Give the child options to help them feel in control: “Would you like me to check your left to right ear first?”
- **Continue to talk** to the child throughout the exam to keep them informed and at ease.

Treat

Treat involves providing trauma specific anticipatory guidance and partnering to develop a plan of care.

- **Assessment: Cons**ider traumatic when risk factors and/or symptoms are present.
- **Psychoeducation:** Clearly explain the diagnosis and use simple language to help youth and families understand what is happening. Provide educational materials and information to help families understand trauma and its effects.
- **Address safety:** Reassure the patient that your primary concern is their safety and well-being: “My main goal is to make sure you are safe and get the help you need.”
- **Anticipatory Guidance:** Provide anticipatory guidance by normalizing trauma responses, offering psychoeducation, and partnering with families in a culturally sensitive manner. Listen to youth and family's concerns, validate them, and explain how trauma responses are normal reactions to difficult situations: “Your child’s reactions are a normal way of coping with the trauma they’ve experienced.”
- **Building Relationships and Regulation**: Focus on strengthening the caregiver-child relationship and enhancing coping skills. Children rely on their caregivers and other important adults in their lives to heal after bad things have happened. Affirm positive relational responses observed (e.g., listening, warmth, monitoring, redirection, and other positive caregiver-child interactions). Time In, 3Rs, being a feelings detective, importance of play, stress busters like exercise, meditation, nature.
- **Provide Resources:** Provide caregivers with support and education about trauma and its effects.
- **Referrals:** Build community and specialty referral networks and have lists available for families. Work with family to identify needed and desired referrals. Take care of living needs first (e.g., housing, food, finances) to reduce family stress. Ask family what works for them while respecting their capacity and culture. Engage in "warm handoff" with referral agencies, when possible.

Hope

Engage in "warm handoff" with referral agencies, when possible.

- **Offer Hope of Recovery & Improvement:** Share a positive outlook that recovery and healing is possible and that improvements can be made. Acknowledge strengths and resiliency: "Your child is strong and has shown a lot of resilience. These skills will help them on their path to recovery."
- **Partner with Families:** Engage families in the treatment process and encourage their active participation: “Let’s work together to create a care plan that suits your family’s needs.” Focus on the strengths and needs of the entire family, not just the patient.
- **Be Culturally Sensitive**: Respect and incorporate the family’s cultural beliefs and practices into the care plan.
- **Coordinate Care:** Help families overcome barriers to accessing referrals. When possible, personally introduce patients and families to the referred provider. Collaborate with community services for comprehensive care.
- **Follow-up** after trauma disclosure or identification is crucial. Schedule regular follow-ups to discuss progress and make necessary adjustments. Incorporate telehealth visits as part of your follow-up strategy to enhance accessibility and support.
- **Celebrate Successes:** Acknowledge and celebrate achievements to build confidence and motivation: “You’ve made great progress with the routine we discussed. Keep up the excellent work!”

PATTeRx Pediatric Approach to Trauma, Treatment and Resilience

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Overview of a Trauma-Informed Pediatric Visit: Staff Version

1 Waiting Room

The waiting room and entry area should be welcoming to the population served, clean, well-lit, and calming. All security personnel and staff should be trained in TI-approaches and how to safely calm individuals who are upset or angry.

2 Reception

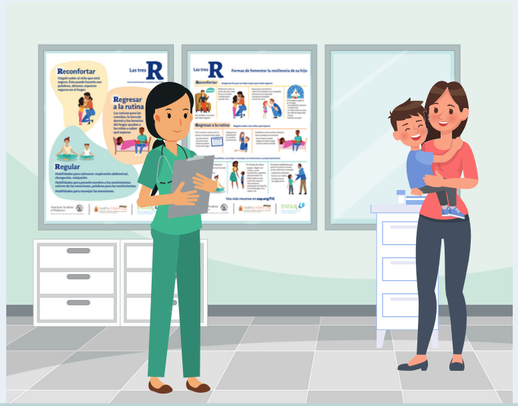
The reception area should offer enough privacy that interactions with children and families are confidential. Personnel should use TI approaches to greet, assess reason for the visit, name who they will see today, and offer options for any forms needing completion.

3 Nurse's Station

The area should be clean, tidy and physically safe for all ages. Healthcare staff should use TI relational skills to explain what they are doing, listen to families and patients, offer simple choices when feasible, and respond to any signs of stress.

4 Patient Room

The patient room should have enough chairs for adults and children and be large enough for the family. The exam room can have informational pamphlets and posters that are diverse and inclusive. Healthcare workers can ask questions about allergies, medication, and reason for visit after closing the door to ensure privacy.



5 Discharge Area

At the discharge area, provide a calm and supportive environment. Offer the family a copy of the after-visit summary, schedule the next appointment, and ask how they prefer to be contacted, whether by phone call, text, email, or patient portal. Gently remind the family about available practice resources, and address any last questions or concerns. Thank them for their time and trust in care.

Trauma-informed care means using your existing relational skills and a strength-based approach to promote healing and resilience. Keep up the great work!

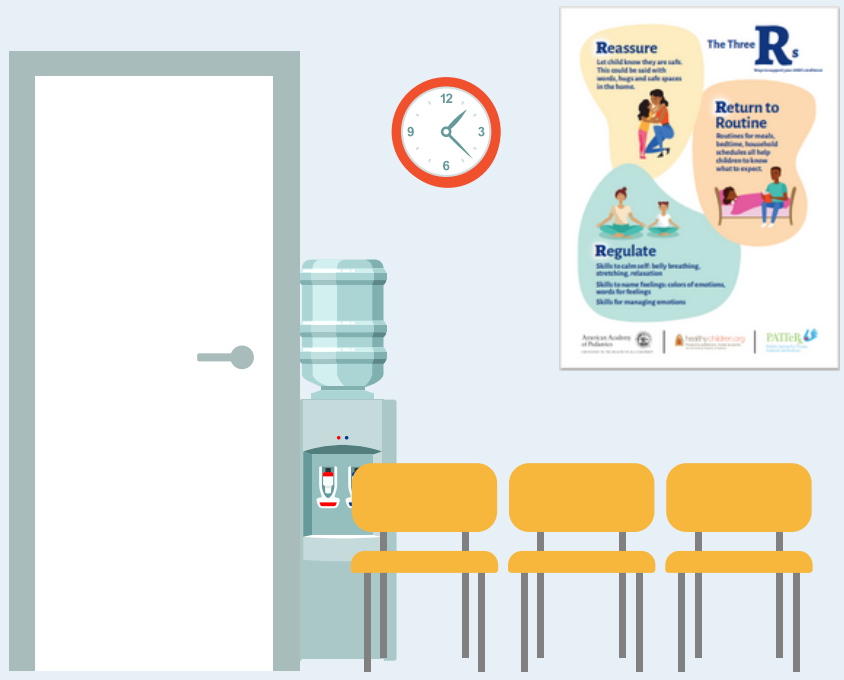
PATTeRx
Pediatric Approach to Trauma, Treatment and Resilience

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN®

Detailed Course of a Trauma-Informed Pediatric Visit: Staff Version

1 Waiting Room

- Waiting areas should be quiet, calm, well-lit, and clearly marked.
- Prohibit smoking, loitering, or congregating outside.
- Monitor who enters and exits. Train security to use TI skills to greet and reassure visitors.
- Ensure all signs, posters, and forms use welcoming language.
- Display posters and literature that represent diverse patients.
- Exam rooms should have clear and safe access to exits for patients and staff.



2 Reception

- The reception area should maintain privacy and confidentiality.
- Greet the patient and family warmly.
- During conversation, remain present and focused on family and patient needs.*
- Verify the purpose of the visit.
- Update insurance and personal information.
- Ask patients to complete necessary forms, and offer a choice between paper or electronic options, when available.
- Clearly explain what happens next and who will review and discuss the forms.
- Inform patients if there are any delays. Offer sufficient notice and preparation when changes are necessary.

3 Nurse's Station

- Be aware that trauma can affect both physical and emotional well-being.
- Observe for signs of distress or discomfort and respond appropriately.*
- Use calming words and body language.*
- Listen actively.
- Validate the patient and family's experiences and feelings.*
- Clearly share you name and role; introduce whom they will be seeing.
- Provide simple choices while taking vital signs, and obtaining growth parameters.
- Explain what will happen next.*
- Transition to the patient room.

4 Patient Room

- Maintain communication that is consistent, open, respectful, collaborative, and compassionate.*
- Be aware of how an individual's culture affects their perception of trauma, safety, and privacy.*
- Ask about allergies, medications, and concerns from the patient/family.
- Offer a gown for the child/teen to change into when needed for the physical exam.
- Verify that provider (by name) will be in shortly.
- Ask if family needs anything else while waiting.
- Update patient/family about scheduling and procedural changes as they arise.

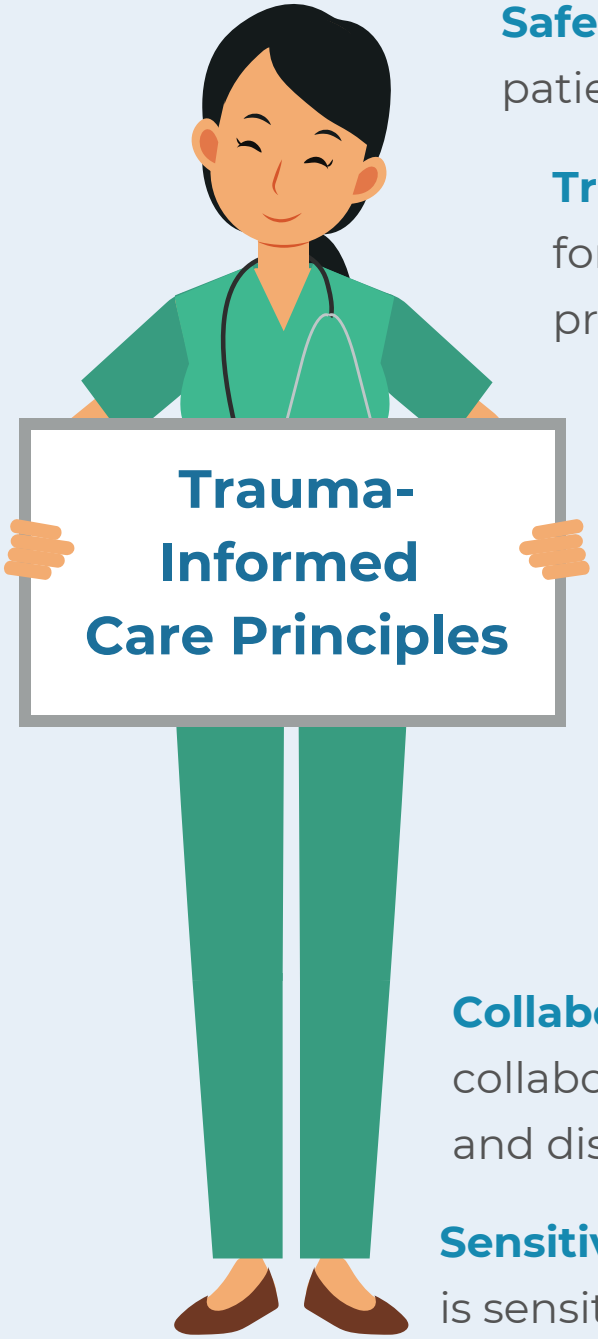
5 Discharge Area

- Share with the family their after-visit summary, follow-up appointment scheduling, and billing or co-payments requirements, as applicable.
- Ensure the patient and family understand follow-up instructions and next steps, as applicable.
- Ask if they would like to schedule the next appointment before leaving.
- Inquire if they have any questions or concerns before they leave.
- Thank the patient and family for their visit.

*Some steps are repeated throughout the visit.

PATTeRx Pediatric Approach to Trauma, Treatment and Resilience

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN®



Safety: Develop health care settings and approaches that ensure patients' physical and emotional safety.

Trustworthiness and Transparency: Provide clear information for patients about who will provide services and how care will be provided.

Peer Support: Recognize the effects of trauma exposure on physical and mental health and utilize peers to promote recovery and healing.

Create a space that recognizes and builds on individuals' existing strengths, allowing them to actively participate in developing their health plan. Provide patients with information about available options, enabling them to make informed decisions based on their preferences.

Collaboration and Mutuality: Ensure provider and patient collaboration by bringing patients into the treatment process and discussing mutually agreed upon goals for treatment.

Sensitivity: Use a culturally humble approach to provide care that is sensitive to the patient's history, background, culture, and identities.

Late Arrival Management

Trauma-informed Care Approach

- **Trauma-Informed Policy**: Ensure all staff are aware of and agree upon a trauma-informed late policy. Publish the policy in office materials and online.
- **Greeting**: Offer a friendly greeting and thank the family for making the effort to come: "I know it takes a lot of effort to get here. Thank you for coming in today."
- **Offer Accommodation:** Recognize that a late arrival may be influenced by challenges that are not immediately apparent. Inform the family if the clinic schedule is full and express willingess to help. Offer accommodation or alternatives, when possible, such as an abbreviated visit later or another provider. Consider strategizing together, "Let's see what we can do to help you today."
- **Use affiliate response** skills to stay calm and welcoming to reduce stress for late-comers.
- **If only a brief visit is possible, communicate this and offer assistance**: “We may only be able to accommodate a brief visit today. Let's see what we can do..."
- **Communication**: After consulting with clinical staff, inform the caregiver of the estimated wait time and rescheduling options.
- Offer the family the opportunity to complete any related forms while they wait.
- Offer the option to reschedule and explain that some in-office procedures, such as checking growth, can be completed today with a follow-up via phone or video visit.
- **Check Clinical Staff Availability**: Coordinate with clinical staff to complete essential parts of the visit that require in-person attendance, such as:
  - Vital signs and growth parameters
  - Physical examination
  - Immunizations
- **Utilize Pediatrician Time Efficiently**: Address the caregiver’s major concerns.
- Pediatrician might conduct a focused physical examination as needed.
- Offer follow-up visits via phone, telehealth, or in-person to complete the visit.
- **Option to See a Different Provider**: If a different clinician has available time, offer this option to the patient. They can be scheduled with the previous provider for follow-up to ensure continuity of care.

Phone Calls

Trauma-informed Care Approach

- **Preparation**: Take a deep breath to clear your mind before answering.
- **Tone and Language**: Use warm steady tone or light musical tone and welcoming language.
- **Answer the call by introducing yourself and your practice**: “Hello, this is XXXX from Starlight Pediatrics. Thank you for calling.”
- **Offer assistance**: “How may I help you today?”
- **Confirm the caller's identity** and, if applicable, the identity of the patient.
- **Clearly outline the process**: If needed, ask caller’s permission to put them on hold briefly. “May I place you on hold briefly?”
- **The Practice Phone Tree**: Be brief, clear, and avoid long office phone trees.

Responding to a Challenging Phone Call

Some callers may be very anxious or distressed and may sound pressured or provide a long list of concerns. It is important to use your affiliate response skills.

- **Listen to understand caller’s concerns:** Verify concerns or at least the top concerns.
- **Tone of Voice**: Pay attention to your tone of voice. Aim for a steady, calm, and warm tone. Avoid raising your voice or speaking too quickly, which can escalate a situation.
- **Acknowledge and validate feelings**: “I hear you are concerned about your child’s not sleeping and their behavior, especially at home, but also at school.”
- **Stay calm, be curious, and summarize key points**: If they called with a list of concerns, verify with caller which two or three concerns are most important.
- **Offer to schedule a visit:** “Would you prefer an in-person visit, a telehealth or phone visit to address your concerns?”

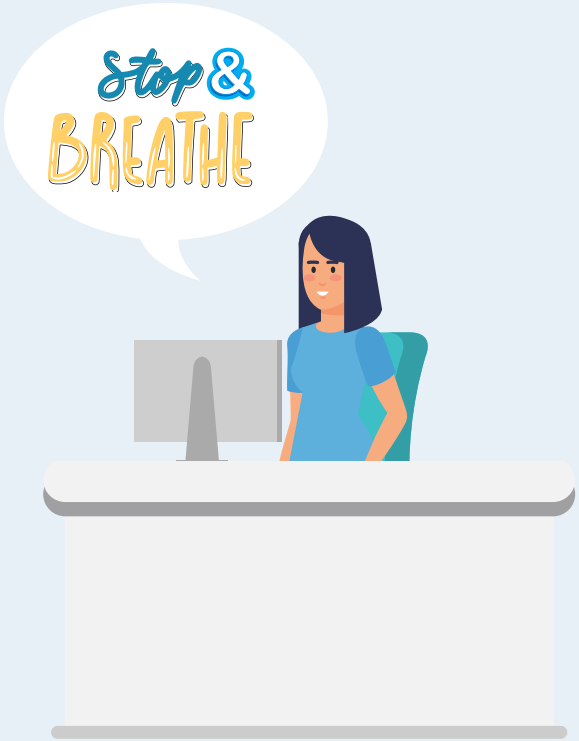
In-Person Visits

Trauma-informed Care Approaches

- **Preparation**: Take a deep breath to clear your mind before greeting patient/family.
- **Engage with Intent**: Greet everyone warmly, introduce yourself, and use body language, facial expressions, and voice to engage families.
- **Welcome patients so they feel respected and supported**: “I’m so happy to see you today.”
- **Checking-in**: "You are seeing Dr. Wonderful for your physical today."
- **Be flexible and understanding**: "I know that it takes a lot of effort for you to get here. Thank you for coming in today."
- **Ask open-ended questions while limiting other questions** to the exam room for privacy: “How can I help you today?” or “What questions do you have today?”
- **Simple choices can be offered to the child or caregiver**: This offers the patient and family some control over the visit, which creates a sense of self-efficacy, and establishes a sense of trust and partnership.
  - **During vitals**: “Which arm would you like me to use to take your blood pressure, your left arm or your right arm?"
  - **On the way out**: "Which of these stickers would you like to take home today?"
  - **To the caregiver in the exam room**: "Would you like to hold your child for their shots, or would you prefer we seat them on the table?"
- **Explain what will happen**: We cannot assume children or families know what to expect during an office visit: "Now we are checking your height and weight and then …."
- **Explain or ask if the family has questions to reinforce and reassure safety**: "What questions do you have for me?"

Trauma-informed Affiliate Approaches

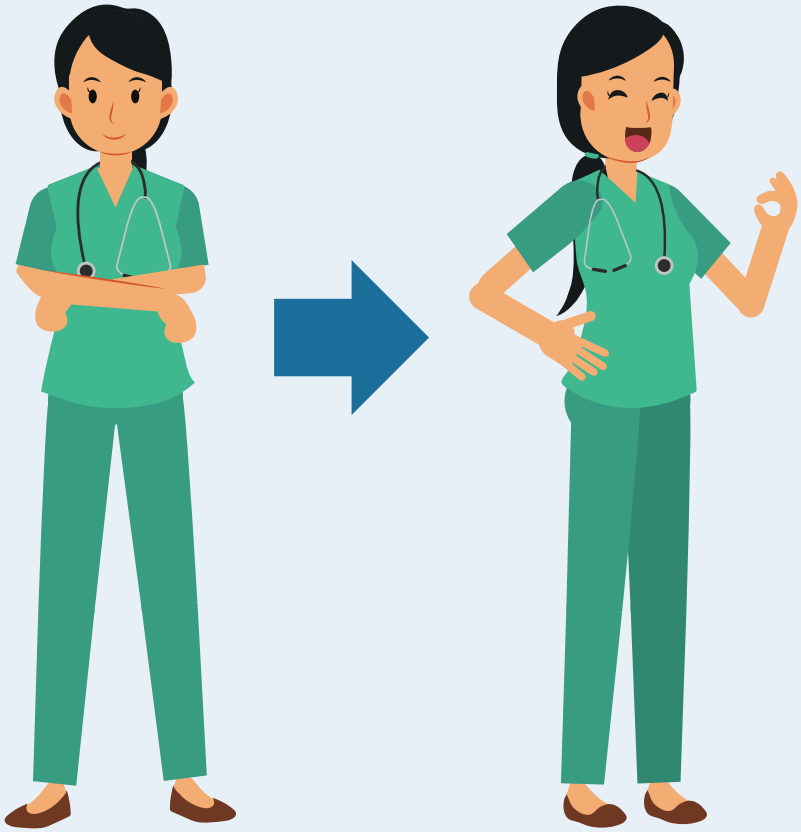
- **Remember**: We do not know what families are dealing with when they come to see us.
- **Monitor Reactions**: Stay aware of your own reactions to others in the room. Use your affiliate network to debrief and process challenging visits. Leveraging their affiliate responses can quell their stress responses.
- **Check Self-Awareness**: Regularly check in with yourself to assess your emotional and physical state. Ask yourself questions like: "How am I feeling right now?" and "Am I experiencing any physical signs of stress (e.g., tense muscles, rapid heartbeat)?"



- **Take a deep breath to calm yourself** before answering the phone or entering a room or interacting with a family/patient.
- **Always greet or acknowledge the family in a friendly way** (ideally child first), introduce yourself, state your role and use respectful terms for caregiver.
- **Identify opportunities where you can offer a child or family simple choices**. This is way of sharing power with the child/family.
- **Partnering with parents/teens** involves asking them what they think is going on or think would work—or what have they tried and what happened.
- **Acknowledge and affirm the strengths you identify**, providing specific feedback that highlights these qualities and how they contribute to the individual's health plan.

Body Language

- **Open Posture**: Stand or sit with your body facing the patient. Keep arms relaxed at your sides or on the table. Avoid crossing your arms or legs, which may be perceived as closed off or defensive.
- **Eye Contact**: Maintain friendly and consistent eye contact as culturally appropriate.
- **Facial Expressions**: Smile genuinely to convey warmth and approachability.
- **Show empathy and understanding** through your facial expressions, such as nodding or mirroring emotions when appropriate.
- **Gestures**: Use natural hand gestures to complement your speech and expressiveness.
- **Avoid pointing or making abrupt movements**, which may be perceived as aggressive.
- Proximity: Maintain an appropriate distance, respecting personal space (about an arm's length).



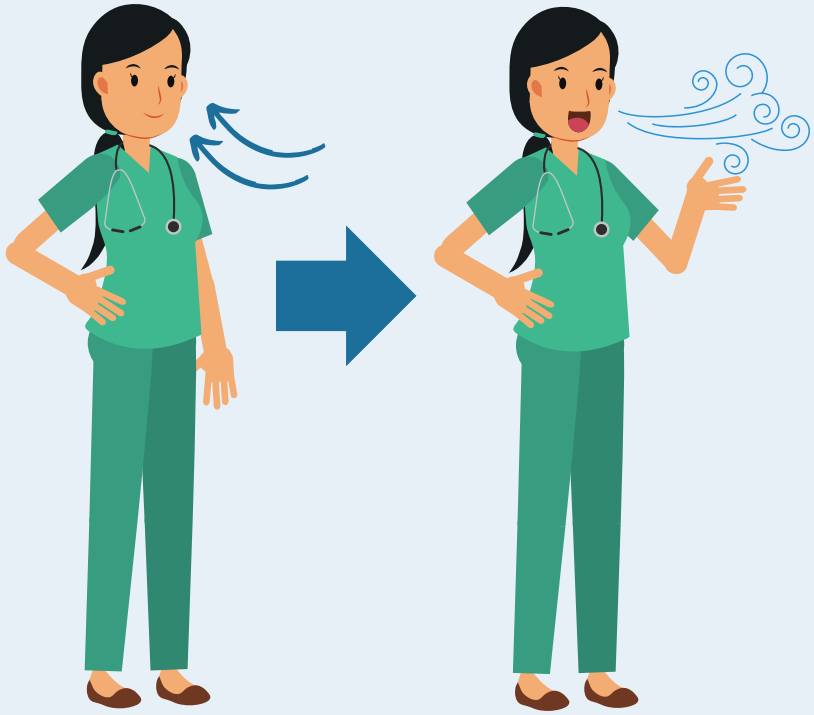
- **Lean in slightly when the patient is speaking** to show interest and engagement
- **Tone of Voice**: Speak in a calm, steady tone, and modulate your pitch to match the context of the conversation, including conveying reassurance and delivering information.
- **Listening Cues**: Nod occasionally to indicate you are listening and understanding.
- **Use verbal acknowledgments** like “I see” or “I understand” to reinforce engagement.
- **Mirroring**: Subtly mirror the patient's body language to build rapport and show empathy such as head nodding and leaning in. Be mindful not to mimic negative body language or emotional cues.

Why De-escalation Is Important

- Our brains engage in a process called **neuroception** to make very quick decisions about whether the other person(s)/environment is safe and welcoming or a potential threat.
- **Trauma-affected brains** are more likely to identify danger and may over-read minor negative cues or even neutral cues as danger.
- Adults and children who have experienced trauma may arrive experiencing **increased anxiety** and feel less trusting. This can also trigger our stress response.

De-escalation Techniques

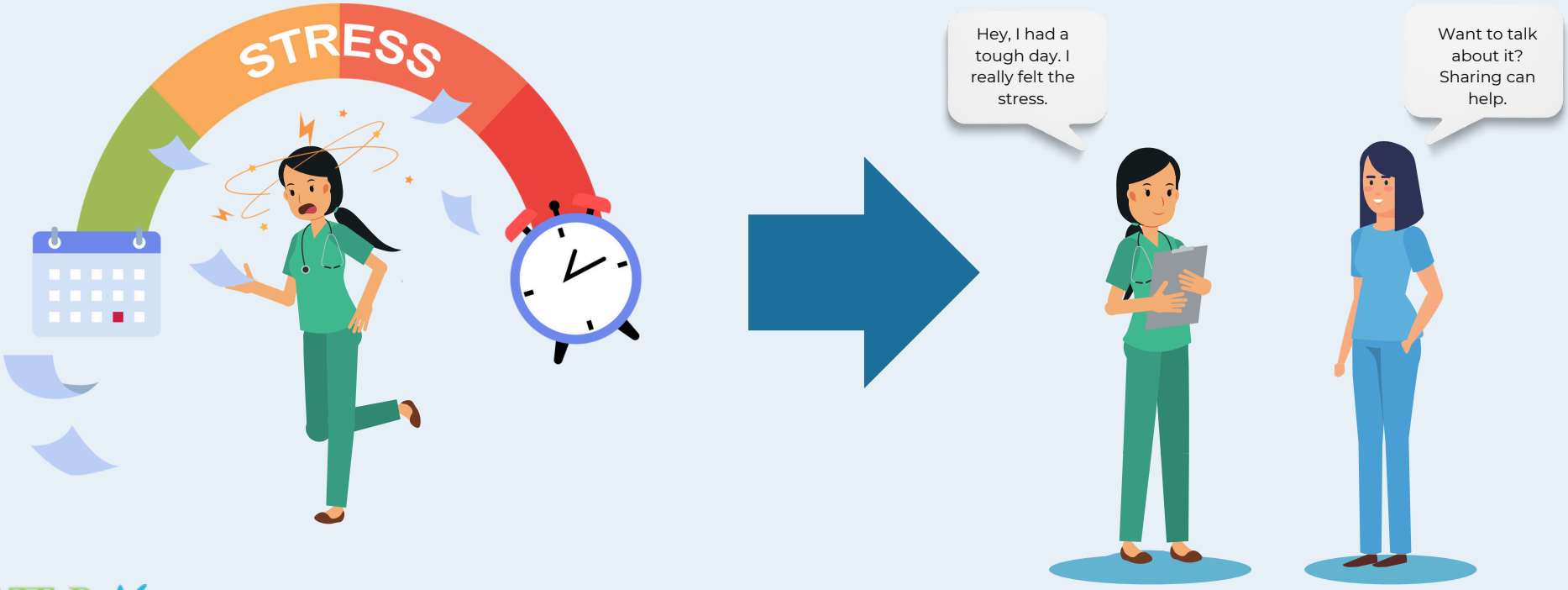
- **Stay Calm**: Remain calm, listen actively, and maintain eye contact.
- **Prioritize Safety**: Prioritize the safety of staff, families in the waiting area, and the child(ren) with an upset caregiver.
- **Be Trained**: Ensure all staff are trained to handle individuals who are in distress.
- **Practice Mindfulness**: Practice mindfulness techniques such as deep breathing, meditation, or grounding exercises to help stay present and calm. Take a few deep breaths before entering a room or starting a conversation.
- **Practice De-escalation**:Practice de-escalation techniques with colleagues to practice staying calm and composed in stressful situations. Review de-escalation scenarios and discuss effective responses.



Safety Protocols

Trauma-informed Care Approaches

- **Take Breaks**: Take regular breaks throughout the day to recharge and manage stress. Use break times to practice relaxation techniques or engage in a brief physical activity.
- **Develop Supports**: Develop a support system among your colleagues. Share experiences and strategies for managing reactions and stress.
- **Activate Protocols**: If a situation escalates, activate a pre-established safety protocol.
- **Remain Present**: Remain present until a more experienced colleague arrives to help.
- **Share a Safety Word**: Use a safety word to discretely signal for help (e.g., "honeycomb").
- **Activate Alarm**: Utilize hidden silent alarms that can be easily activated.
- **Alert Procedures**: A non-involved staff member can help to call security or 911. Consider this a last resort to be used when absolutely necessary in situations that warrant this level of escalation.
- **Allow Experienced Staff to Lead**: The most experienced staff in de-escalation should take the lead.



Pediatric Traumatic Stress Screening Tool
6–10 years of age

Sometimes **violent** or **very scary** or **upsetting** things happen. This could be something that happened to your child or something your child saw. It can include being badly hurt, someone doing something harmful to your child or someone else, or a serious accident or serious illness.

Has something like this happened to your child **recently**? ❑ Yes ❑ No

If 'Yes,' what happened? _____

Has something like this happened to your child **in the past**? ❑ Yes ❑ No

If 'Yes,' what happened? _____

Select how often your child had the problem below in the past month. Use the calendars on the right to help you decide how often.

FREQUENCY RATING CALENDARS

	How much of the time during the past month...	None	Little	Some	Much	Most
1	My child has bad dreams about what happened or other bad dreams.	0	1	2	3	4
2	My child has trouble going to sleep, waking up often, or has trouble getting back to sleep.	0	1	2	3	4
3	My child has upsetting thoughts, pictures, or sounds of what happened come to mind when he/she doesn't want them to.	0	1	2	3	4
4	When something reminds my child of what happened, he/she has strong feelings in his/her body, like his/her heart beats fast, headaches, or stomach aches.	0	1	2	3	4
5	When something reminds my child of what happened, he/she gets very upset, afraid, or sad.	0	1	2	3	4
6	My child has trouble concentrating or paying attention.	0	1	2	3	4
7	My child gets upset easily or gets into arguments or physical fights.	0	1	2	3	4
8	My child tries to stay away from people, places, or things that remind him/her about what happened.	0	1	2	3	4
9	My child has trouble feeling happiness or love.	0	1	2	3	4
10	My child tries not to think about or have feelings about what happened.	0	1	2	3	4
11	My child has thoughts like "I will never be able to trust other people."	0	1	2	3	4
12	My child feels alone even when he/she is around other people.	0	1	2	3	4

13	*Over the last 2 weeks, how often has your child been bothered by thoughts that he/she would be better off dead or hurting him or herself in some way?	Not at all	Several days	More than half the days	Nearly every day

*Adapted from Patient Health Questionnaire (PHQ-C)

Clinicians, please indicate actions taken:

☐ **No Action Taken**

Referrals: (check all that apply)

- ☐ Child Protection (DCFS/CPS)
- ☐ Crisis Evaluation/Emergency Department
- ☐ Trauma Evidence-Based Treatment
- ☐ Mental Health Integration (MHI)

In-office Interventions: (check all that apply)

- ☐ Sleep Education
- ☐ Belly Breathing
- ☐ Guided Imagery
- ☐ Progressive Muscle Relaxation

Patient Name: _____ Patient DOB: _____ EMPI _____

Intermountain® Healthcare

Pat Qst 50113

Based on the UCLA Brief Trauma Screen

Patient and Provider Publications CPM107b - 02/20

Pediatric Traumatic Stress Screening Tool

6–10 years of age

A veces a las personas les pasan cosas **violentas** o que les da **mucho miedo** o que les **perturba**. Esto podría ser algo que le pasó a su niño o algo que su niño vio. Puede incluir estar herido de gravedad, alguien haciendo algo malo a su niño o a alguien más, o un accidente o enfermedad grave.

¿Le ha pasado algo así a su niño **recientemente**? ❑ Sí ❑ No

Si la respuesta es 'sí' ¿qué le pasó? _____

¿Le ha pasado algo así a su niño **en el pasado**? ❑ Sí ❑ No

Si la respuesta es 'sí' ¿qué le pasó? _____

Seleccione con qué frecuencia su niño ha tenido el problema en el último mes. Use los calendarios de frecuencia a la derecha para ayudarlo a decidir.

CALENDARIO DE CALIFICACIÓN DE FRECUENCIA

	Por cuánto tiempo durante el mes pasado...	Nada	Poco	Algo	Mucho	La mayoría
1	Mi niño ha tenido pesadillas de lo que sucedió u otros sueños feos.	0	1	2	3	4
2	Mi niño tiene problemas para dormir, se despierta a menudo, o tiene problemas para volverse a dormir.	0	1	2	3	4
3	A mi niño le vienen a la mente pensamientos perturbadores, imágenes o sonidos de lo que sucedió cuando no desea tenerlos.	0	1	2	3	4
4	Cuando algo le recuerda a mi niño lo que pasó, tiene sentimientos fuertes en su cuerpo, como palpitaciones cardíacas rápidas, dolores de cabeza o de estómago.	0	1	2	3	4
5	Cuando algo le recuerda a mi niño lo que pasó, se enoja, le da miedo o se pone triste.	0	1	2	3	4
6	Mi niño tiene problemas para concentrarse o poner atención.	0	1	2	3	4
7	Mi niño se enoja fácilmente o discute o tiene peleas físicas.	0	1	2	3	4
8	Mi niño trata de mantenerse alejado de personas, lugares o cosa que le recuerden a lo que pasó.	0	1	2	3	4
9	Mi niño tiene problemas para sentir felicidad o amor.	0	1	2	3	4
10	Mi niño trata de no pensar o tener sentimientos sobre lo que pasó.	0	1	2	3	4
11	Mi niño tiene pensamientos como "nunca podré confiar en otras personas".	0	1	2	3	4
12	Mi niño se siente solo aún cuando está rodeado de otras personas.	0	1	2	3	4

13	*Durante las 2 últimas semanas, ¿cuán a menudo su niño ha tenido pensamientos que estaría mejor muerto o de hacerse daño de alguna manera?	Ningún día	Varios días	Más de la mitad de los días	Casi todos los días

*Adapted from Patient Health Questionnaire (PHQ-C)

Clinicians, please indicate actions taken:

☐ **No Action Taken**

Referrals: (check all that apply)

- ☐ Child Protection (DCFS/CPS)
- ☐ Crisis Evaluation/Emergency Department
- ☐ Trauma Evidence-Based Treatment
- ☐ Mental Health Integration (MHI)

In-office Interventions: (check all that apply)

- ☐ Sleep Education
- ☐ Belly Breathing
- ☐ Guided Imagery
- ☐ Progressive Muscle Relaxation

Patient Name: _____ Patient DOB: _____ EMPI _____

Intermountain® Healthcare

Based on the UCLA Brief Trauma Screen

Patient and Provider Publications CPM107bS - 02/20

Pediatric Traumatic Stress Screening Tool

11 years and older

Sometimes **violent** or **very scary** or **upsetting** things happen. This could be something that happened to you or something you saw. It can include being badly hurt, someone doing something harmful to you or someone else, or a serious accident or serious illness.

Has something like this happened **recently**? ❑ Yes ❑ No

If 'Yes,' what happened? _____

Has something like this happened **in the past**? ❑ Yes ❑ No

If 'Yes,' what happened? _____

Select how often you had the problem below in the past month.
Use the calendars on the right to help you decide how often.

FREQUENCY RATING CALENDARS

	How much of the time during the past month...	None	Little	Some	Much	Most
1	I have bad dreams about what happened or other bad dreams.	0	1	2	3	4
2	I have trouble going to sleep, waking up often, or getting back to sleep.	0	1	2	3	4
3	I have upsetting thoughts, pictures, or sounds of what happened come into my mind when I don't want them to.	0	1	2	3	4
4	When something reminds me of what happened I have strong feelings in my body, my heart beats fast, and I have headaches or stomach aches.	0	1	2	3	4
5	When something reminds me of what happened I get very upset, afraid, or sad.	0	1	2	3	4
6	I have trouble concentrating or paying attention.	0	1	2	3	4
7	I get upset easily or get into arguments or physical fights.	0	1	2	3	4
8	I try to stay away from people, places, or things that remind me about what happened.	0	1	2	3	4
9	I have trouble feeling happiness or love.	0	1	2	3	4
10	I try not to think about or have feelings about what happened.	0	1	2	3	4
11	I have thoughts like "I will never be able to trust other people."	0	1	2	3	4
12	I feel alone even when I'm around other people.	0	1	2	3	4

13	*Over the last 2 weeks, how often have you been bothered by thoughts that you would be better off dead or hurting yourself in some way?	Not at all	Several days	More than half the days	Nearly every day

*Adapted from Patient Health Questionnaire (PHQ-A)

Clinicians, please indicate actions taken:

☐ **No Action Taken**

Referrals: (check all that apply)

☐ Child Protection (DCFS/CPS)
☐ Crisis Evaluation/Emergency Department
☐ Trauma Evidence-Based Treatment
☐ Mental Health Integration (MHI)

In-office Interventions: (check all that apply)

☐ Sleep Education
☐ Belly Breathing
☐ Guided Imagery
☐ Progressive Muscle Relaxation

Patient Name: _____ Patient DOB: _____ EMPI _____

Intermountain® Healthcare

Pat Qst 50113

Patient and Provider Publications CPM107d - 02/20

Pediatric Traumatic Stress Screening Tool

11 años y mayores

A veces a las personas les pasan cosas **violentas** o que les da **mucho miedo** o que les **perturba**. Esto podría ser algo que te pasó o algo que viste. Puede incluir estar herido de gravedad, alguien haciendote algo malo o a alguien más, o un accidente o enfermedad grave.

¿Te ha pasado algo así **recientemente**? ❑ Sí ❑ No

Si la respuesta es 'sí' ¿qué te pasó? _____

¿Te ha pasado algo así **en el pasado**? ❑ Sí ❑ No

Si la respuesta es 'sí' ¿qué te pasó? _____

Selecciona con qué frecuencia has tenido el problema en el último mes. Usa los calendarios de frecuencia a la derecha para ayudarte a decidir.

CALENDARIO DE CALIFICACIÓN DE FRECUENCIA

	Por cuánto tiempo durante el mes pasado...	Nada	Poco	Algo	Mucho	La mayoría
1	Tengo pesadillas sobre lo que sucedió u otros sueños feos.	0	1	2	3	4
2	Tengo problemas para dormir, me despierto a menudo, o tengo problemas para volverme a dormir.	0	1	2	3	4
3	Pensamientos, imágenes, o sonidos desagradables sobre lo que pasó, vienen a mi mente aún cuando no quiero que lo hagan.	0	1	2	3	4
4	Cuando algo me recuerda a lo que pasó, tengo sentimientos fuertes en mi cuerpo, como latidos rápidos de mi corazón, dolor de cabeza o de estómago.	0	1	2	3	4
5	Cuando algo me hace recordar a lo que pasó me molesto mucho, me da miedo, o me pongo triste.	0	1	2	3	4
6	Tengo problemas para concentrarse o poner atención.	0	1	2	3	4
7	Me enojo fácilmente o me meto en discusiones o peleas físicas.	0	1	2	3	4
8	Trato de mantenerme alejado de personas, lugares, o cosas que me recuerdan a lo que pasó.	0	1	2	3	4
9	Tengo problemas para sentir felicidad o amor.	0	1	2	3	4
10	Trato de no pensar o tener sentimientos acerca de lo que pasó.	0	1	2	3	4
11	Tengo pensamientos como "Nunca podré confiar en otras personas".	0	1	2	3	4
12	Me siento solo aún cuando estoy rodeado de otras personas.	0	1	2	3	4

13	*Durante las 2 últimas semanas, ¿cuán a menudo has tenido pensamientos que estarías mejor muerto o de hacerte daño de alguna manera?	Ningún día	Varios días	Más de la mitad de los días	Casi todos los días

*Adapted from Patient Health Questionnaire (PHQ-A)

Clinicians, please indicate actions taken:

☐ **No Action Taken**

Referrals: (check all that apply)

- ☐ Child Protection (DCFS / CPS)
- ☐ Crisis Evaluation / Emergency Department
- ☐ Trauma Evidence-Based Treatment
- ☐ Mental Health Integration (MHI)

In-office Interventions: (check all that apply)

- ☐ Sleep Education
- ☐ Belly Breathing
- ☐ Guided Imagery
- ☐ Progressive Muscle Relaxation

Patient Name: _____ Patient DOB: _____ EMPI _____

Intermountain® Healthcare

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American Academy of Pediatrics

Trauma-Informed Pediatric Care and Resilience Promotion ECHO

The goal of this ECHO is to provide pediatricians and healthcare professionals the knowledge and skills to implement **evidence-based, trauma-informed care** and **resilience promotion in** clinical practice.

PARTICIPATE IN WEEKLY ONE-HOUR SESSIONS WITH CASE DISCUSSIONS

WEDNESDAYS AT 11:00 AM CT

PLEASE REGISTER FOR ONLY ONE COHORT

TOPICS COVERED:

- Physiology of trauma
- Effective strategies for helping families and children who have experience trauma
- Resilience promotion
- Evidence-based treatments for childhood trauma and when to refer
- Psychotropic medications

CLICK HERE OR SCAN QR CODE TO REGISTER HERE

MONTHLY SESSIONS DATES:

COHORT 1

- APRIL 30, 2025
- MAY 7, 2025
- MAY 14, 2025
- MAY 21, 2025
- MAY 28, 2025
- JUNE 4, 2025
- JUNE 11, 2025

COHORT 2

- JUNE 25, 2025
- JULY 2, 2025
- JULY 9, 2025
- JULY 16, 2025
- JULY 23, 2025
- JULY 30, 2025
- AUGUST 6, 2025

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